

**STANLY COUNTY
BOARD OF COMMISSIONERS
REGULAR MEETING AGENDA
MARCH 2, 2015
7:00 P.M.**

**CALL TO ORDER & WELCOME – CHAIRMAN LOWDER
INVOCATION – COMMISSIONER DENNIS
PLEDGE OF ALLEGIANCE
APPROVAL/ADJUSTMENTS TO THE AGENDA**

SCHEDULED AGENDA ITEMS

- 1. PROCLAMATION RECOGNIZING THE MONTH OF APRIL 2015 AS SEXUAL ASSAULT AWARENESS MONTH**
Presenter: Donna Miller, Executive Director of the Esther House

- 2. AUTHORIZING RESOLUTION OF SUPPORT FOR CAROLINAS HEALTHCARE URGENT CARE RURAL HEALTH FACILITY PROJECT**
Presenter: Paul Stratos, EDC Director

- 3. APPOINTMENT TO THE ENVIRONMENTAL AFFAIRS BOARD**
Presenter: Andy Lucas, County Manager

- 4. CONSENT AGENDA**
 - A. Minutes - Special meeting on February 10, 2015 and regular meeting of February 19, 2015**
 - B. Finance – Request acceptance of the Monthly Financial Report for Seven Months Ended January 31, 2015**
 - C. SCUSA Transportation – Request approval of budget amendment # 2015-34**
 - D. Health Dept. – Request approval of budget amendment # 2015-35**
 - E. Sheriff’s Dept. – Request adoption of the Stanly County Detention Center Medical Plan**

PUBLIC COMMENT

GENERAL COMMENTS & ANNOUNCEMENTS

RECESS until Friday, March 6th at 9:00 a.m. in the Stanly County Airport Conference Room for the Board's annual planning retreat.

The next regular meeting is scheduled for Monday, March 16th at 7:00 p.m.



Stanly County Board of Commissioners

Meeting Date: March 2, 2015
 Presenter: Donna Miller

_____ | _____
 Consent Agenda | Regular Agenda

Presentation Equipment: Lectern PC* Lectern VCR Lectern DVD Document Camera** Laptop***

Please Provide a Brief Description of your Presentations format: _____

* PC is equipped with Windows XP and Microsoft Office XP (including Word, Excel, and PowerPoint), Internet connectivity and Network connectivity for County Employees.

** If you have need to use the Document Camera and zoom into a particular area, if possible please attach a copy of the document with the area indicated that you need to zoom into. A laser light is available to pinpoint your area of projection.

*** You can bring in a laptop that will allow video out to be connected at the lectern – set display to 60Mhz.

ITEM TO BE CONSIDERED

PROCLAMATION RECOGNIZING THE MONTH OF APRIL 2015 AS SEXUAL ASSAULT AWARENESS MONTH

Subject

Please see the attached proclamation for Board consideration and approval.

Requested Action

Request the Board adopt the attached proclamation.

Signature: _____

Dept. _____

Date: _____

Attachments: Yes No x

Review Process

Certification of Action

	Approved		Initials
	Yes	No	
Finance Director	___	___	
Budget Amendment Necessary	___	___	
County Attorney	___	___	
County Manager	___	___	
Other:	___	___	

Certified to be a true copy of the action taken by the Stanly County Board of Commissioners on

 Tyler Brummitt, Clerk to the Board Date



Proclamation
“Sexual Assault Awareness Month April 2015”

WHEREAS, The Esther House of Stanly County, Inc assisted over 30 survivors of sexual violence, their loved ones and community professionals during 2014; and

WHEREAS, The coordination of the Stanly County Community Response/Sexual Assault Response Team (CCR/SART) is bringing together members of law enforcement, the medical community, the legal system and other community advocates to improve services for survivors of sexual assault who came forward; and

WHEREAS, 1 in 5 American women have been sexually assaulted at some point in their lives (Centers for Disease Control and Prevention, 2012); and

WHEREAS, in the United States rape is the most costly crime to its survivors, totaling \$127 billion a year considering factors such as medical cost, lost earnings, pain, suffering and lost quality of life (U.S. Department of Justice, 1996); and

WHEREAS, in the United States 1 in 3 women and 1 in 4 men have experienced some form of sexual or physical violence committed by an intimate partner (Centers for Disease Control and Prevention, 2010); and

WHEREAS, there are more than 15,000 sex offenders registered as living in North Carolina (Department of Justice, 2014)

WHEREAS, victim blaming continues to be an enormous problem in instances of rape and sexual assault; and

WHEREAS, Esther House of Stanly County, Inc , a non- profit agency that has served this community since 2011 is working to stop sexual violence and its impact through support, education and advocacy;

NOW, THEREFORE BE IT RESOLVED that we the Stanly County Board of Commissioners, do hereby proclaim the month of April 2015 as “Sexual Assault Awareness Month”. We encourage all citizens to speak out against sexual violence and to support their local communities’ efforts to prevent and respond to these appalling crimes.

This is the 2nd day of March 2015.

Janet K. Lowder, Chairman

Attest:

Tyler Brummitt, Clerk



Stanly County Board of Commissioners

Meeting Date: March 2, 2015
 Presenter: Paul Stratos

_____ | 2
 Consent Agenda | Regular Agenda

Presentation Equipment: Lectern PC* Lectern VCR Lectern DVD Document Camera** Laptop***

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ITEM TO BE CONSIDERED

Stanly County Building Re-Use Grant Resolution

Subject
 The EDC recommends the County support the efforts of Carolinas HealthCare System to apply for a building re-use grant from the NC Department of Commerce for a new Urgent Care facility in Albemarle, NC. The County will have a financial match commitment of \$5,000. The hospital plans on investing an estimated \$2,465,000 and is committed to creating nine (9) new jobs to provide these urgent care medical services.

Requested Action
 Review and consider approving the resolution to support the building re-use application and the County's financial match commitment.

Signature: _____

Dept. _____

Date: _____

Attachments: Yes No x

Review Process

Certification of Action

	Approved		Initials
	Yes	No	
Finance Director	<input type="checkbox"/>	<input type="checkbox"/>	
Budget Amendment Necessary	<input type="checkbox"/>	<input type="checkbox"/>	
County Attorney	<input type="checkbox"/>	<input type="checkbox"/>	
County Manager	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	

Certified to be a true copy of the action taken by the Stanly County Board of Commissioners on

Tyler Brummitt, Clerk to the Board Date

AUTHORIZING RESOLUTION BY STANLY COUNTY

for the

North Carolina Department of Commerce

Building Reuse Program

**“Carolinas HealthCare Urgent Care- Albemarle
Rural Health Facility Project”**

WHEREAS, The North Carolina General Assembly has authorized funds to stimulate economic development and job creation in distressed areas through constructing critical water and wastewater facilities, addressing technology needs, renovating vacant buildings, renovating or expanding occupied buildings, renovating, expanding or constructing health care facilities that will lead to the creation of new jobs, and

WHEREAS, the County has need for and intends to assist in the construction of a health care facility in a project described as the "Carolinas HealthCare Urgent Care- Albemarle Rural Health Facility Project"; and

WHEREAS, the County intends to request funding assistance in the amount of \$90,000 from the North Carolina Department of Commerce from its Building Reuse Program for the project;

**NOW THEREFORE BE IT RESOLVED, BY THE STANLY COUNTY BOARD OF
COMMISSIONERS:**

That the County is in full support of the application and the project, if funding is received; and

That the County will arrange for a local cash match of \$5,000 to be used for the administration of the project; and

That the County has substantially complied or will substantially comply with all State, and local laws, rules, regulations, and ordinances applicable to the project and to the grants pertaining thereto, and that the, County Manager, is authorized to execute any additional documents pertaining to the grant application as requested by the North Carolina Department of Commerce.

Adopted this the 2nd day of March 2015 in Albemarle, North Carolina.

Janet K. Lowder, Chairman

ATTEST:

Tyler Brummitt, Clerk

(Seal)



Stanly County Board of Commissioners

Meeting Date: March 2, 2015
 Presenter: Andy Lucas

Consent Agenda | Regular Agenda

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Presentation Equipment: Lectern PC* Lectern VCR Lectern DVD Document Camera** Laptop***

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ITEM TO BE CONSIDERED

APPOINTMENT TO THE ENVIRONMENTAL AFFAIRS BOARD (EAB)

Subject

Current board member Mark McCarter's term expired November 30, 2014. He has agreed to serve again if reappointed. It is the request of the EAB that Mr. McCarter be reappointed to another term.

Enclosed are two (2) volunteer applications for your consideration.

Requested Action

Request the Board appoint / reappoint a member to the EAB to serve a three (3) year term until February 1, 2018.

Signature: _____

Dept. _____

Date: _____

Attachments: Yes No x

Review Process

Certification of Action

	Approved		Initials
	Yes	No	
Finance Director	___	___	
Budget Amendment Necessary	___	___	
County Attorney	___	___	
County Manager	___	___	
Other:	___	___	

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 Tyler Brummitt, Clerk to the Board Date

Rev. 7/96

ENVIRONMENTAL AFFAIRS BOARD

G.S.: Chapter 153A-76

Local Ordinance:

Date Established: April 1990

Meeting Schedule: Quarterly – 3rd Tuesday at 7:00 a.m. at Stanly Regional Medical Center cafeteria

Members: 9 regular; 4 Ex-Officio

Terms: Three (3) initial appointments shall be for one-year terms, three (3) for two year terms, and three (3) for three year terms. Thereafter, all appointments shall be for three year terms, each member being subject to reappointment and the privilege of serving consecutive terms.

Special Provisions: Individuals will represent the following categories: Municipal – 1, At-Large Citizens – 3, Industry – 3, Agriculture – 1, Education – 1.

Method of Appointment: All appointed by the Board of County Commissioners

Officers: Members elect a Chairman and Vice Chairman

<u>MEMBERS</u>	<u>AREA OF REPRESENTATION</u>	<u>INITIAL APPT</u>	<u>TERM EXPIRES</u>
Mark McCarter 9540 Richard Sandy Road Oakboro, NC 28129 Work (704) 984-4817 Home (704) 485-8148 Email: MMCCARTER@PREFORMED.COM	Industry	2011	11/30/2014
Conrad Carter P. O. Box 1760 Albemarle, NC 28002-1760 (704) 983-2302	At-Large	2007	6/30/2017 (3 rd term)
Steve Megson 227 N. Third Street Albemarle, NC 28001 (704) 787-4610 Email: smegson@carolina.rr.com	At-Large	4/1/2010	3/31/2016
Larry Baucom P. O. Box 310 (719 N. Central Avenue) Locust, NC 28097 Work (704) 888-0621	Municipal	4/1/2010	6/30/2017 (2 nd term)

Home (704) 888-2914
Email: larrybaucom@hotmail.com

Dale Burris 301 Yadkin Street Albemarle, NC 28001 (704) 984-4347	Industry	2004	3/31/2015
Franklin Lee 40645 Mt. Zion Church Rd. Norwood, NC 28128 (704) 474-4764	Agriculture	2004	3/31/2015
Todd Bowers 28775 Canton Road Albemarle, NC 28001 Work (704) 982-4744	Education	7/7/2014	6/30/2017 (1 st term)
Robert L. Garmon, Jr. 1201 Mountain Creek Road Albemarle, NC 28001 Work (704) 984-6555 Home (704) 985-2741 Email: bgarmon.64@garmonmechanical.com	Industry	10/22/201	3/31/2015
Mark Dry 33173 Old Salisbury Road Albemarle, NC 28001 Work (704) 982-3511 Home (704) 983-3333 Email: markdry@dunritecleaners.com	At-Large	10/4/2010	3/31/2015

Ex-Officio Members

Dennis Joyner, Health Director
Brian Simpson, EMS Director
Steve Lemons, Ag Extension Representative
Jerry Morton, Solid Waste Director
Irene Huneycutt, Clerk / Administrative Support

*Notice of meetings will be sent to the County Manager's Office.



Tyler Brummitt <tbrummitt@stanlycountync.gov>

Volunteer Board Application

1 message

Stanly County, North Carolina <webmaster@co.stanly.nc.us>
Reply-To: webmaster@co.stanly.nc.us
To: tbrummitt@stanlycountync.gov

Wed, Jan 7, 2015 at 9:33 AM

Name: Cary L. Hathcock

Address: 37662 Timber Ridge Lane

City: New London

State: NC

Zip: 28127

Home Phone: 704-850-4080

Work Phone: 704-425-8712

Date of Birth: December 13, 1974

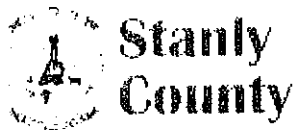
Gender: Male

Race: White

Boards you wish to serve on: Agri-Civic Center Advisory Committee, Airport Authority, Board of Social Services, EMS Advisory Council, Environmental Affairs Board, Jury Commission

Work Experience: 1994-current with the NC Army National Guard in various locations within the State. I have served on committees with the NC National Guard Association.

Education: HS education with 90+ hours of college, (no degree) 20+ years of Military schools to include leadership, Enviromental, Hazardous Waste Management, Safety, Industrusial Safety, Counter Drug, Counter Terrorism, Anti-Terrorism Physiscal Security, and I hold a TS cleareance.



Volunteer Board Application

Stanly County, North Carolina <webmaster@co.stanly.nc.us>

Thu, Oct 2, 2014 at 11:25 AM

Reply-To: webmaster@co.stanly.nc.us

To: tbrummitt@stanlycountync.gov

Name: James Walker

Address: 30488 Lowell Rd

City: Albemarle

State: NC

Zip: 28001

Home Phone: 704-984-8603

Date of Birth: May 2, 1966

Gender: Male

Race: White

Boards you wish to serve on: Agri-Civic Center Advisory Committee, Airport Authority, Board of Adjustment, Environmental Affairs Board, Equilization and Review, Planning Board, Stanly Water & Sewer Authority

Work Experience: Recently retired after 24 years in the Marine Corps. 20+ years as a fighter pilot with experience leading large organizations and managing millions of dollars in resources. Licensed general contractor (NC). Starting a hobby farm in Stanly Co. Experience as board member of military affiliated 501c(3) charities

Education: BS Civil Engineering
MBA



Stanly County Board of Commissioners

Meeting Date: March 2, 2015
 Presenter: Chairman Lowder

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Consent Agenda | Regular Agenda

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ITEM TO BE CONSIDERED

CONSENT AGENDA

- A. Minutes - Special meeting on February 10, 2015 and regular meeting of February 19, 2015
- B. Finance – Request acceptance of the Monthly Financial Report for Seven Months Ended January 31, 2015
- C. SCUSA Transportation – Request approval of budget amendment # 2015-34
- D. Health Dept. – Request approval of budget amendment # 2015-35
- E. Sheriff's Dept. – Request adoption of the Stanly County Detention Center Medical Plan

Subject

Requested Action

Request approval of the above items as presented.

Signature: _____

Dept. _____

Date: _____

Attachments: Yes No x

Review Process

Certification of Action

	Approved		Initials
	Yes	No	
Finance Director	—	—	
Budget Amendment Necessary	—	—	
County Attorney	—	—	
County Manager	—	—	
Other:	—	—	

Certified to be a true copy of the action taken by the Stanly County Board of Commissioners on

Tyler Brummitt, Clerk to the Board Date

**STANLY COUNTY
BOARD OF COMMISSIONERS
JOINT MEETING WITH THE STANLY COUNTY SCHOOL BOARD
SPECIAL MEETING MINUTES
FEBRUARY 10, 2015**

COMMISSIONERS PRESENT: Janet K. Lowder, Chairman
Peter Ascitutto
Joseph Burleson
T. Scott Efird
Bill Lawhon
Gene McIntyre (participated by phone)

COMMISSIONERS ABSENT: Tony Dennis, Vice Chairman

STAFF PRESENT: Andy Lucas, County Manager
Jenny Furr, County Attorney
Tyler Brummitt, Clerk

CALL TO ORDER

The Stanly County Board of Commissioners (the "Board") met in special session on Tuesday, February 10, 2015 in the Commissioners Meeting Room, Stanly Commons. Chairman Lowder called the meeting to order at 7:00 p.m.

APPROVAL/ADJUSTMENTS TO THE AGENDA

With no adjustments to the agenda, Commissioner Lawhon moved to approve it as presented and was seconded by Commissioner Ascitutto. The motion passed with a 6 – 0 vote.

**ITEM # 1 – STANLY COMMUNITY COLLEGE FACILITY PROJECT – BUDGET AMENDMENT
2015-32**

Presenter: Andy Lucas, County Manager

For Board consideration, the County Manager presented budget amendment # 2015-32 in the amount of \$5,250 to increase the current budget for the surveying and civil engineering services for the design and construction of the proposed cosmetology facility at Stanly Community College. Per a letter received from SCC President Dr. Kays, the community college will fully reimburse the County for these expenses.

Commissioner Ascitutto moved to approve the budget amendment which was seconded by Commissioner Efird. Motion carried by unanimous vote.

ITEM # 2 – PRESENTATION REGARDING THE PROPOSED SCHOOL CONSOLIDATIONS & REINVESTMENT FOR THE FUTURE

Presenter: Dr. Terry Griffin, School Superintendent

Dr. Griffin led the presentation which included a powerpoint presentation that included figures related to the school system’s current ADM and building capacity figures, school proficiency comparisons, the school system’s past and present budget figures, history of funding for NC Public Schools, the Superintendent’s recommendations for improvement, and the plans proposed to increase efficiency and instructional opportunities for students in the school system.

After the presentation, both boards participated in a discussion related to this information.

The presentation was for information only and required no action from the Board.

ADJOURN

There being no further discussion, Commissioner Ascitutto moved to adjourn the meeting. His motion was seconded by Commissioner Efird and carried with a 6 – 0 vote at 8:31 p.m.

Janet K. Lowder, Chairman

Tyler Brummitt, Clerk

**STANLY COUNTY
BOARD OF COMMISSIONERS
REGULAR MEETING MINUTES
FEBRUARY 19, 2015**

COMMISSIONERS PRESENT: Janet K. Lowder, Chairman
Tony Dennis, Vice Chairman
Peter Ascitutto
Joseph Burleson
T. Scott Efird
Bill Lawhon

COMMISSIONERS ABSENT: Gene McIntyre

STAFF PRESENT: Andy Lucas, County Manager
Jenny Furr, County Attorney
Tyler Brummitt, Clerk

CALL TO ORDER

The Stanly County Board of Commissioners (the "Board") met in regular session on Thursday, February 16, 2015 at 7:00 p.m. in the Commissioners Meeting Room, Stanly Commons. Chairman Lowder called the meeting to order and Commissioner Efird gave the invocation and led the pledge of allegiance.

APPROVAL/ADJUSTMENTS TO THE AGENDA

With no adjustments to the agenda requested, Commissioner McIntyre moved to approve it as presented. His motion was seconded by Vice Chairman Dennis and the motion passed by unanimous vote.

ITEM # 1 – PROCLAMATION RECOGNIZING BETHANY WOODS NURSING & REHABILITATION CENTER, INC. ON THEIR FORTY YEAR ANNIVERSARY

EDC Director Paul Stratos provided a brief history of the Bethany Woods facility and introduced Tim Cornelison, current administrator. Mr. Cornelison took a moment to recognize several employees that were in attendance and commended them on a job well done. Commissioner Lawhon then read and presented the proclamation on behalf of the Board.

No action was required of the Board.

ITEM # 2 – RESOLUTION TO SUPPORT THE DISPLAY OF THE NATIONAL MOTTO “IN GOD WE TRUST” ON THE EXTERIOR OF THE STANLY COUNTY COURTHOUSE

Presenter: Rick Lanier, Co-Founder of the U. S. Motto Action Committee

Mr. Lanier invited the County to join other cities and counties in North Carolina by having the national motto ‘In God We Trust’ permanently displayed in a prominent location on the courthouse building exterior.

By motion, Vice Chairman Dennis moved to approve the resolution of support and was seconded by Commissioner Lawhon. Motion passed by unanimous vote.

See Exhibit A

**RESOLUTION TO SUPPORT THE DISPLAY OF THE NATIONAL MOTTO
“IN GOD WE TRUST” ON THE EXTERIOR OF THE STANLY COUNTY COURTHOUSE**

ITEM # 3 – BOARD & COMMITTEE APPOINTMENTS

Presenter: Andy Lucas, County Manager

A. Airport Authority Board

The Airport Authority Board submitted a request to have Mr. Scott Booth and Mr. Michael Harwood both reappointed to a four (4) year term to expire on March 31, 2019.

Vice Chairman Dennis moved to approve both reappointments and was seconded by Commissioner Burleson. Motion carried with a 7 – 0 vote.

B. STANLY COUNTY COMMUNITY ADVISORY BOARD

The Community Advisory Board requested that Ms. Johnnie Harris and Mr. John Bell be reappointed to serve a three (3) year term to expire on February 28, 2018.

Commissioner Lawhon moved to approve both reappointments and was seconded by Vice Chairman Dennis. The motion passed by unanimous vote.

ITEM # 4 – NCACC FEBRUARY BOARD UPDATE VIDEO

Presenter: Andy Lucas, County Manager

The video provided an overview of the recent Legislative Goals Conference held in Moore County. Seventy (70) counties were represented with more than three hundred (300) proposals submitted with forty-five (45) goals approved for fiscal year 2015-16. Of these, five (5) were selected as the top priorities by the NCACC which included:

- H-1: Support continued state funding of Medicaid and support efforts by the state to provide healthcare access for all citizens.

- PE-1: Seek legislation to restore the statutory requirement that 40% of the net lottery proceeds be allocated to counties for school capital needs and increase the annual appropriation of lottery funds until the 40% allocation is restored.
- PE-4: Seek legislation to repeal the statutory authority under N.C. G.S. 115C-431(c) that allows local school boards to file suit against a county board of commissioners over county appropriations for education.
- GG-1: Oppose any shift of state transportation responsibilities to counties.
- TF-1: Oppose unfunded mandates and shifts of state responsibilities to counties.

The video was provided for information only and required no action.

ITEM # 5 – CONSENT AGENDA

- A. Minutes – Special and regular meetings of February 2, 2015
- B. Finance – Request approval of the attached vehicle tax refunds
- C. Health Dept. – Request approval of budget amendment # 2015-33

By motion, Commissioner Dennis moved to approve the above items as presented. His motion was seconded by Commissioner Ascutto and passed by unanimous vote.

PUBLIC COMMENT

During public comment, the following individuals addressed the Board with concerns related to the School Board's proposed plans for the coming school year.

- John Mullis of Norwood spoke against the plans noting that closing community schools would have significant impact on the county's community-based school system and the economic future of the county. He requested the Board's support in pressuring the School Board to delay a vote on the school consolidation until more information can be provided to the public.
- Alex Laws of Oakboro spoke against the proposed plans requesting the Board consider increasing per pupil funding for next year and address the maintenance issues with the various schools by giving \$5 million dollars in funding to the schools over the next two (2) years.
- Melvin Poole, a former School Board member, stated his concerns with closing East Albemarle, Norwood and Oakboro elementary schools noting that community schools outperform larger schools due to more parent involvement. He also stated that if closing schools is the only option, then the Board should consider increasing the property tax rate to generate additional revenue to keep them open.
- John Edwards of Oakboro stated that he would like to see alternative proposals made to keep the schools open and the cost to do so. He reiterated Mr. Poole's comments

stating that he would be willing to pay more in property taxes if it will allow community schools to remain open and provide better educational opportunities.

- Shannon Byrd spoke against the School Board's proposed plans as well and recognized students from South Stanly High School that were in attendance.
- Brenda James-Stanback stated her concerns with the recent school report cards and the need to provide a better education for children in the community.

GENERAL COMMENTS & ANNOUNCEMENTS

Commissioner Burleson thanked everyone for coming and for providing feedback to the Board and that they continue to do so.

Commissioner Efird asked everyone to check on the elderly and pets during the extremely cold weather and to continue to remember each other in prayer.

Commissioner Ascutto stated that in recent years, taxpayers have not supported any new taxes in the county. He noted the sales tax referendum which failed in November, a portion of which would have been used to support the schools. He also mentioned that the County has lost over \$500,000 in funding over the past few years due to the state's reduction and redirection of lottery funding that would have been used to fund capital projects for the schools.

Commissioner Lawhon echoed earlier commissioners' comments and encouraged citizens to continue to attend the meetings and have their voices heard.

Vice Chairman Dennis agreed with previous comments adding that he would like to know the cost to keep the schools open rather than have community schools closed.

Chairman Lowder acknowledged Representative Justin Burr who was in attendance and thanked those who spoke for their comments.

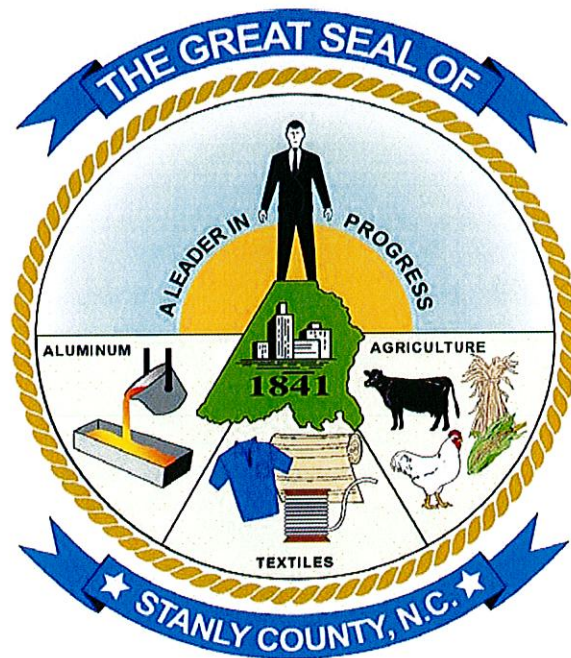
ADJOURN

There being no further discussion, Vice Chairman Dennis moved to adjourn the meeting and was seconded by Commissioner Efird. Motion carried with a 7 – 0 vote at 8:03 p.m.

Janet K. Lowder, Chairman

Tyler Brummitt, Clerk

***STANLY COUNTY
NORTH CAROLINA
MONTHLY
FINANCIAL REPORT
For Seven Months Ended
January 31, 2015***

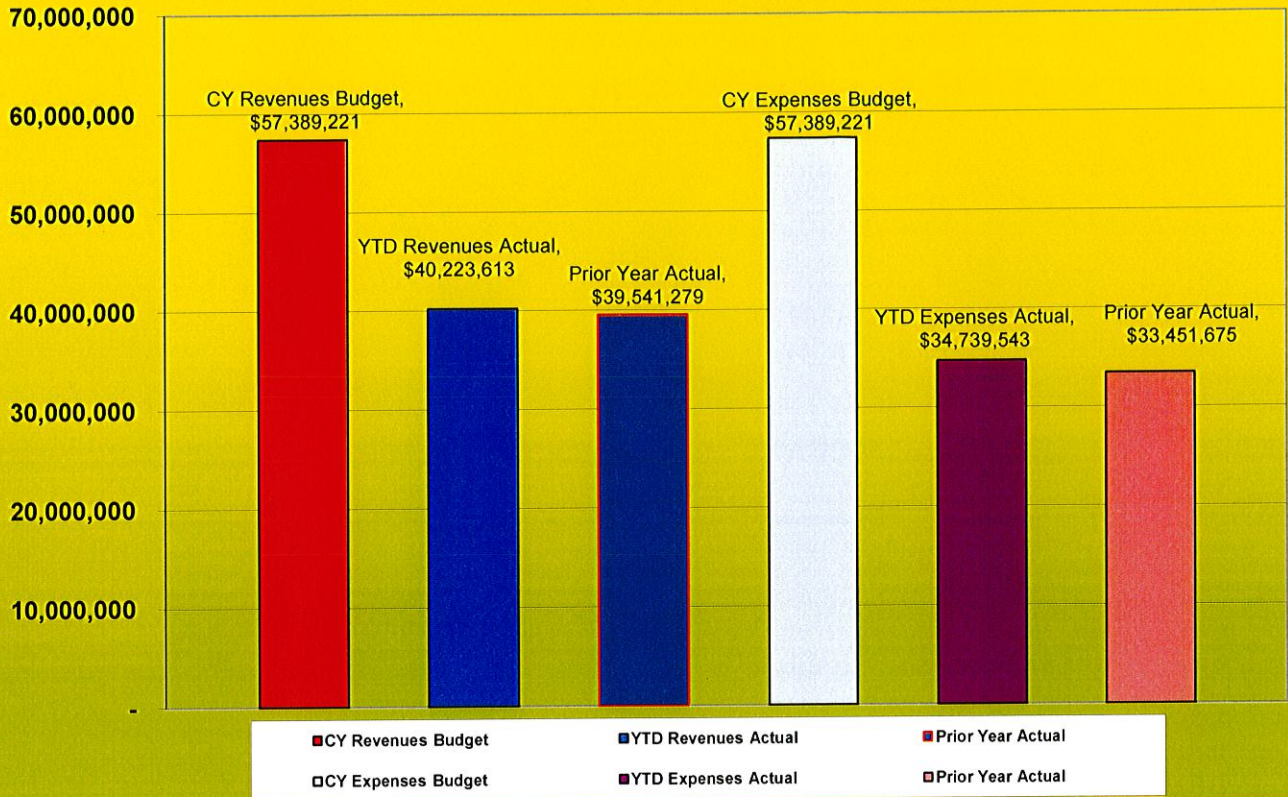


***Prepared and Issued by:
Stanly County Finance Department***

**STANLY COUNTY, NORTH CAROLINA
FISCAL YEAR 2014-2015**

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MONTHLY FINANCIAL REPORTS	
General Fund:	
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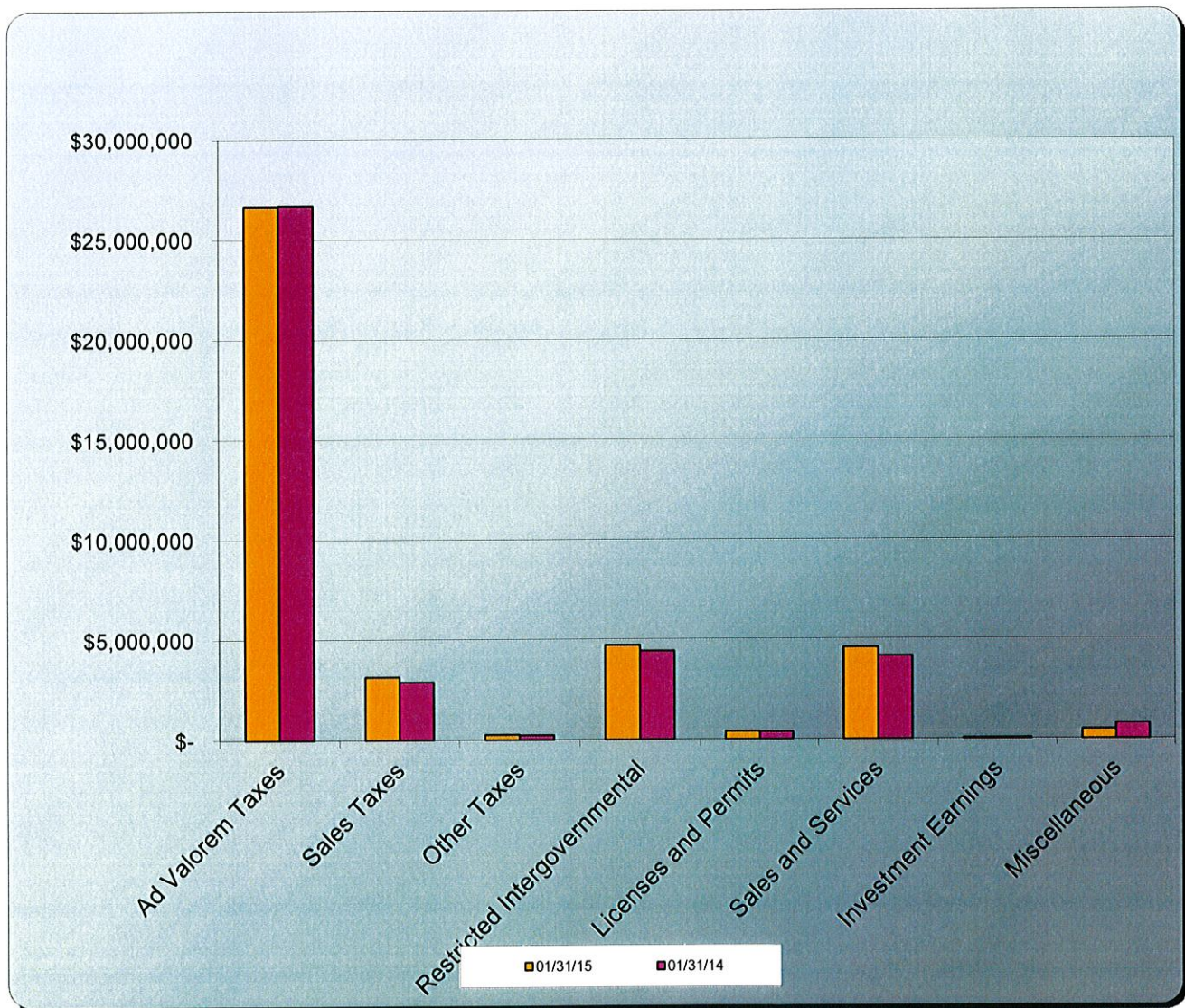
General Fund Revenues and Expenses Actual vs Budget Fiscal Year 2015



Stanly County
General Fund Revenues by Source
For the Seven Months Ended January 31, 2015
with Comparative January 31, 2014

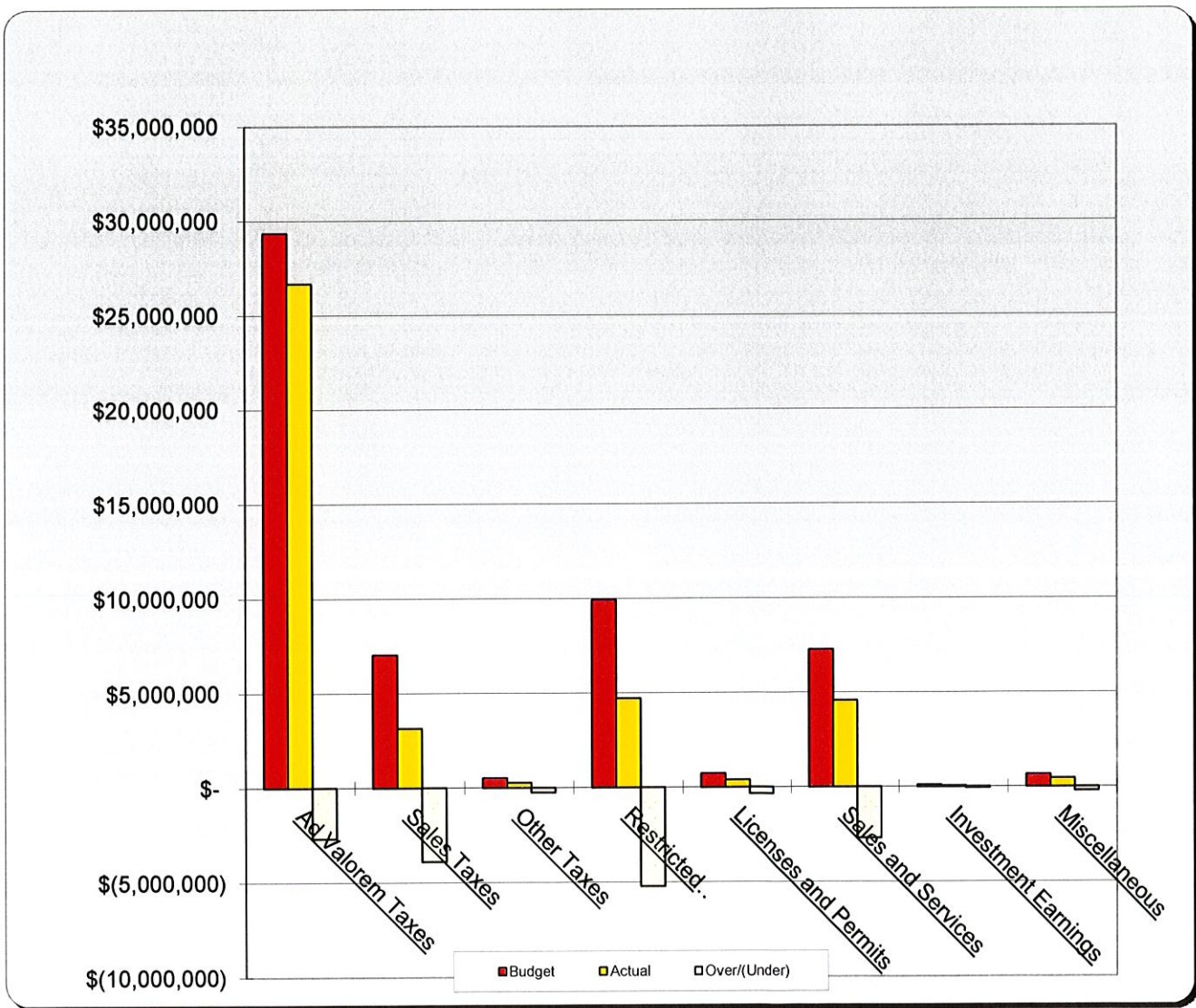
REVENUES:

	<u>01/31/15</u>	<u>01/31/14</u>	<u>Variance</u>	<u>Percent</u>
Ad Valorem Taxes	\$ 26,664,362.94	\$ 26,697,488.56	\$ (33,125.62)	99.88%
Sales Taxes	3,140,223.07	2,876,489.94	263,733.13	109.17%
Other Taxes	262,879.78	230,795.70	32,084.08	113.90%
Restricted Intergovernmental	4,702,843.76	4,422,994.00	279,849.76	106.33%
Licenses and Permits	386,852.67	365,546.21	21,306.46	105.83%
Sales and Services	4,574,353.35	4,146,751.41	427,601.94	110.31%
Investment Earnings	38,705.54	38,381.59	323.95	100.84%
Miscellaneous	<u>453,392.03</u>	<u>762,831.41</u>	<u>(309,439.38)</u>	<u>59.44%</u>
Totals	<u>\$ 40,223,613.14</u>	<u>\$ 39,541,278.82</u>	<u>\$ 682,334.32</u>	<u>101.73%</u>



Stanly County
General Fund Budget by Source Compared to Actual Revenues
For the Seven Months Ended January 31, 2015

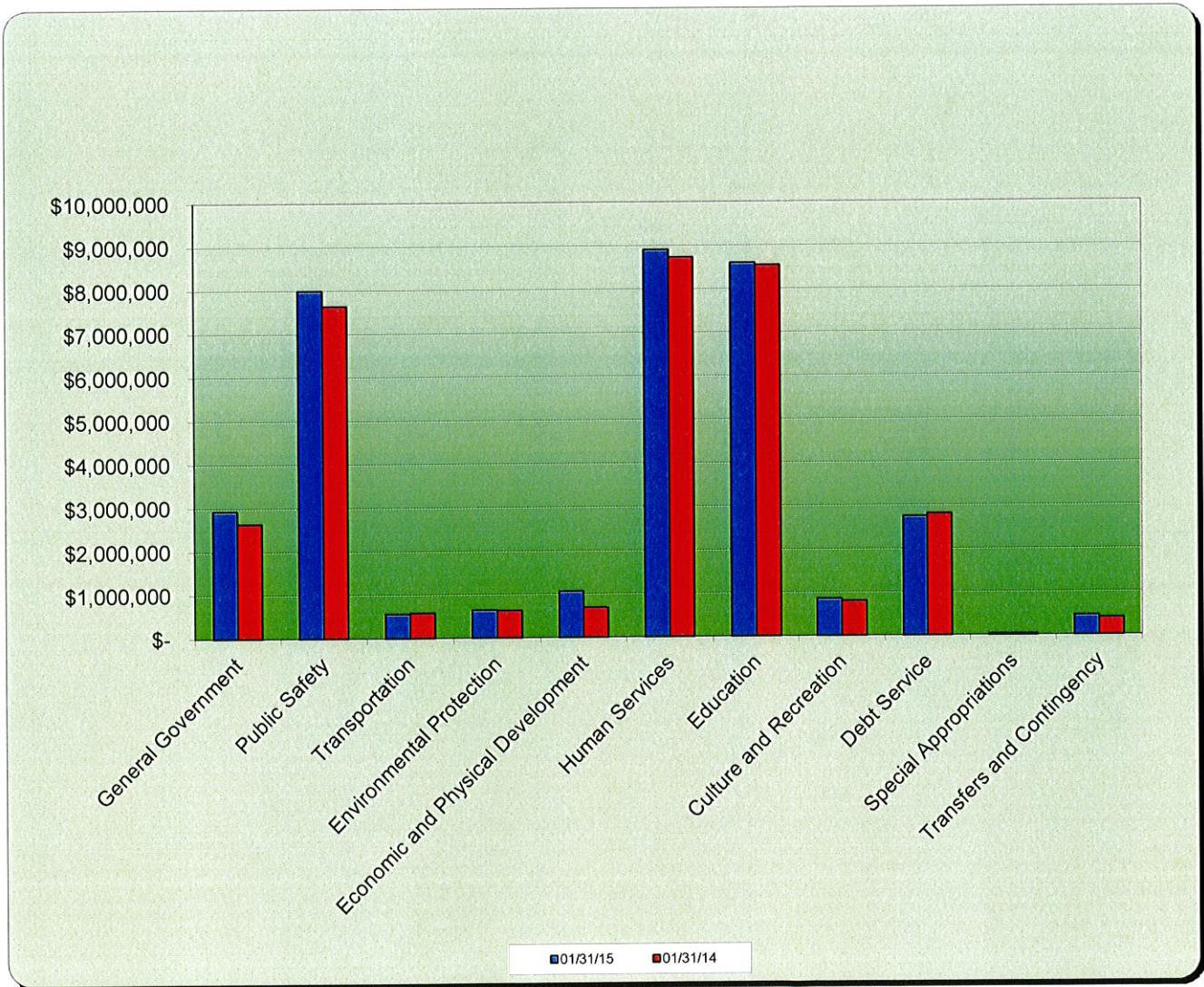
REVENUES:	Amended <u>Budget</u>	<u>Actual</u>	Actual <u>Over/(Under)</u>	Percent <u>Collected</u>
Ad Valorem Taxes	\$ 29,336,360.00	\$ 26,664,362.94	\$ (2,671,997.06)	90.89%
Sales Taxes	7,030,000.00	3,140,223.07	(3,889,776.93)	44.67%
Other Taxes	513,500.00	262,879.78	(250,620.22)	51.19%
Restricted Intergovernmental	9,919,140.00	4,702,843.76	(5,216,296.24)	47.41%
Licenses and Permits	728,450.00	386,852.67	(341,597.33)	53.11%
Sales and Services	7,257,847.00	4,574,353.35	(2,683,493.65)	63.03%
Investment Earnings	90,000.00	38,705.54	(51,294.46)	43.01%
Miscellaneous	647,368.00	453,392.03	(193,975.97)	70.04%
Fund Balance Appropriated	<u>1,866,556.00</u>	<u>-</u>	<u>(1,866,556.00)</u>	<u>0.00%</u>
Totals	<u>\$ 57,389,221.00</u>	<u>\$ 40,223,613.14</u>	<u>\$ (17,165,607.86)</u>	<u>70.09%</u>



Stanly County
General Fund Expenses
For the Seven Months Ended January 31, 2015
with Comparative January 31, 2014

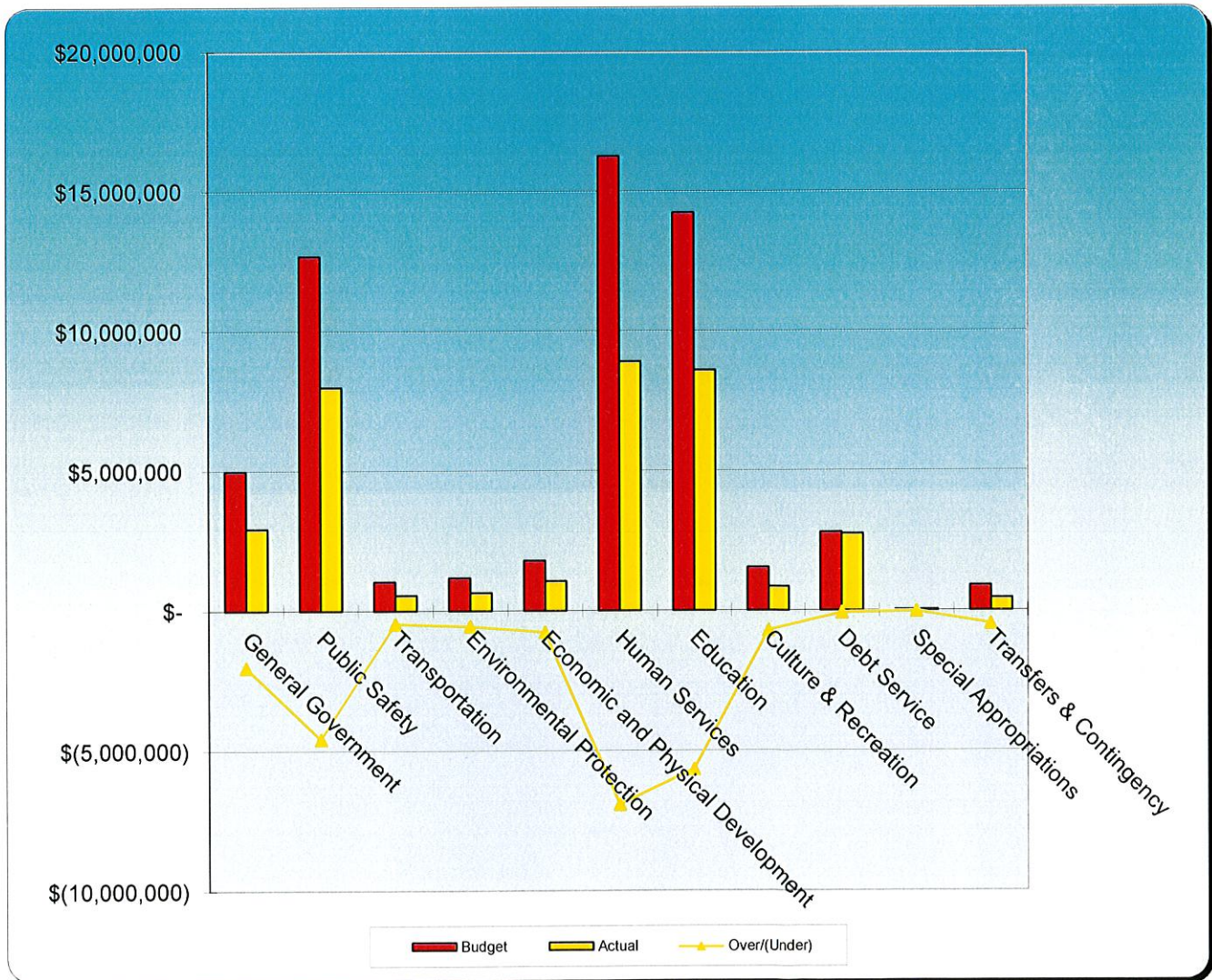
EXPENSES:

	<u>01/31/15</u>	<u>01/31/14</u>	<u>Variance</u>	<u>Percent</u>
General Government	\$ 2,928,879.50	\$ 2,635,250.41	\$ 293,629.09	111.14%
Public Safety	7,990,347.70	7,633,979.87	356,367.83	104.67%
Transportation	553,269.98	578,193.64	(24,923.66)	95.69%
Environmental Protection	638,790.22	625,556.49	13,233.73	102.12%
Economic and Physical Development	1,059,315.47	685,435.68	373,879.79	154.55%
Human Services	8,904,985.07	8,728,290.35	176,694.72	102.02%
Education	8,597,426.40	8,542,694.88	54,731.52	100.64%
Culture and Recreation	853,410.53	799,915.37	53,495.16	106.69%
Debt Service	2,738,609.89	2,802,624.47	(64,014.58)	97.72%
Special Appropriations	25,000.00	25,000.00	-	100.00%
Transfers and Contingency	449,507.77	394,733.50	54,774.27	113.88%
Totals	\$ 34,739,542.53	\$ 33,451,674.66	\$ 1,287,867.87	103.85%



Stanly County
General Fund Budget by Function Compared to Actual Expenses
For the Seven Months Ended January 31, 2015

EXPENSES:	Amended Budget	Actual	Over/(Under)	Percent Expended
General Government	\$ 4,978,915.00	\$ 2,928,879.50	\$ (1,991,636.79)	60.00%
Public Safety	12,674,472.00	7,990,347.70	(4,546,393.97)	64.13%
Transportation	1,041,314.00	553,269.98	(436,454.00)	58.09%
Environmental Protection	1,170,726.00	638,790.22	(520,793.84)	55.52%
Economic and Physical Development	1,792,686.00	1,059,315.47	(730,120.53)	59.27%
Human Services	16,254,211.00	8,904,985.07	(6,889,601.64)	57.61%
Education	14,229,834.00	8,597,426.40	(5,632,407.60)	60.42%
Culture & Recreation	1,535,823.00	853,410.53	(670,596.87)	56.34%
Debt Service	2,790,946.00	2,738,609.89	(52,336.11)	98.12%
Special Appropriations	25,000.00	25,000.00	-	100.00%
Transfers & Contingency	895,294.00	449,507.77	(445,786.23)	50.21%
Totals	\$ 57,389,221.00	\$ 34,739,542.53	\$ (21,916,127.58)	61.81%



Stanly County
Comparative Monthly Financial Report
For the Seven Months Ended January 31, 2015

		AMENDED BUDGET	*Y-T-D TRANSACTIONS	UNCOLLECTED REVENUE OR APPROPRIATIONS REMAINING	% COLLECTED OR EXPENDED	LAST YEAR'S Y-T-D TRANSACTIONS
GENERAL FUND 110						
REVENUES:						
Depart 3100-	Ad Valorem Taxes	\$ 29,336,360.00	\$ 26,664,362.94	\$ 2,671,997.06	90.89%	\$ 26,697,488.56
Depart 3200-	Other Taxes	7,543,500.00	3,403,102.85	4,140,397.15	45.11%	3,107,285.64
Depart 3320-	State Shared Revenue	737,252.00	311,155.47	426,096.53	42.20%	354,544.10
Depart 3323-	Court	110,000.00	63,640.53	46,359.47	57.86%	56,461.13
Depart 3330-	Intergovt Chg for Services	165,000.00	155,397.14	9,602.86	94.18%	155,085.20
Depart 3340-	Building Permits	378,707.00	207,166.66	171,540.35	54.70%	181,489.88
Depart 3347-	Register of Deeds	275,750.00	148,755.47	126,994.53	53.95%	149,622.31
Depart 3414-	Tax And Revaluation	1,620.00	1,352.07	267.93	83.46%	1,525.00
Depart 3417-	Election Fees	650.00	390.50	259.50	60.08%	58,407.36
Depart 3431-	Sheriff	610,981.00	489,792.22	121,188.78	80.16%	335,182.43
Depart 3432-	Jail	184,275.00	56,506.24	127,768.76	30.66%	101,628.93
Depart 3433-	Emergency Services	121,707.00	13,073.01	108,633.99	10.74%	13,073.01
Depart 3434-	FIRE	10,000.00	4,600.00	5,400.00	N/A	-
Depart 3437-	EMS-Ambulance	2,310,000.00	1,383,084.62	926,915.38	59.87%	1,163,900.15
Depart 3439-	Emergency 911	2,165.00	809.23	1,355.77	N/A	348.31
Depart 3450-	Transportation	876,938.00	468,054.54	408,883.46	53.37%	538,322.71
Depart 3471-	Solid Waste	965,000.00	825,167.82	139,832.18	85.51%	809,793.48
Depart 3490-	Central Permitting	10,000.00	5,547.99	4,452.01	55.48%	4,720.24
Depart 3491-	Planning and Zoning	91,800.00	23,030.25	68,769.75	25.09%	33,859.74
Depart 3492-	Rocky River RPO	115,618.00	47,978.00	67,640.00	41.50%	46,992.69
Depart 3494-	EDC	-	-	-	N/A	-
Depart 3495-	Cooperative Extension	41,574.00	28,090.63	13,483.37	67.57%	19,317.58
Depart 3500-	Health Department	3,795,542.00	1,936,243.55	1,859,298.45	51.01%	1,702,969.39
Depart 3523-	Juvenile Justice	103,270.00	67,347.00	35,923.00	65.21%	54,117.00
Depart 3530-	Social Services	6,457,912.00	3,105,944.31	3,351,967.69	48.10%	2,878,466.07
Depart 3536-	Senior Services	140,080.00	95,018.24	45,061.76	67.83%	79,930.06
Depart 3586-	Aging Services	631,176.00	274,016.06	357,159.94	43.41%	285,726.14
Depart 3587-	Veteran Service	-	-	-	N/A	-
Depart 3611-	Stanly County Library	155,700.00	83,005.03	72,694.97	53.31%	82,685.41
Depart 3613-	Recreation Plan	-	-	-	N/A	-
Depart 3614-	Historical Preservation	-	-	-	N/A	-
Depart 3616-	Civic Center	50,000.00	26,874.26	23,125.74	53.75%	31,245.31
Depart 3831-	Investments	90,000.00	38,705.54	51,294.46	43.01%	38,381.59
Depart 3834-	Rent Income	224,267.00	148,822.99	75,444.01	66.36%	139,529.60
Depart 3835-	Sale of Surplus Property	15,000.00	19,398.22	(4,398.22)	129.32%	3,068.35
Depart 3838-	Loan Proceeds	-	-	-	N/A	308,500.00
Depart 3839-	Miscellaneous	350,608.00	127,179.77	223,428.23	36.27%	107,611.45
Depart 3980-	Transfer From Other Funds	-	-	-	N/A	-
Depart 3991-	Fund Balance	1,486,769.00	-	1,486,769.00	N/A	-
TOTAL REVENUES		57,389,221.00	40,223,613.14	17,165,607.86	70.09%	39,541,278.82
GENERAL FUND 110						
EXPENSES:						
Depart 4110-	Governing Body	225,284.00	123,368.34	101,915.66	54.76%	113,020.48
Depart 4120-	Administration	403,043.00	244,592.28	158,450.72	60.89%	231,236.62
Depart 4130-	Finance	429,170.00	243,893.52	185,276.48	56.83%	246,382.89
Depart 4141-	Tax Assessor	809,607.00	477,782.48	331,466.48	59.06%	495,008.98
Depart 4143-	Tax Revaluation	348,646.00	217,487.55	131,146.54	62.38%	185,322.92
Depart 4155-	Attorney	156,750.00	93,161.24	63,588.76	59.43%	90,268.07
Depart 4160-	Clerk	10,252.00	5,270.04	4,188.96	59.14%	3,086.52
Depart 4163-	Judge's Office	6,050.00	5,057.43	992.57	83.59%	374.62
Depart 4164-	District Attorney	-	-	-	N/A	-
Depart 4170-	Elections	497,556.00	336,125.72	160,680.28	67.71%	194,785.31
Depart 4180-	Register of Deeds	321,356.00	198,277.15	121,916.05	62.06%	152,227.95
Depart 4210-	Info Technology	653,087.00	392,111.78	255,753.67	60.84%	390,367.96
Depart 4260-	Facilities Management	1,118,114.00	591,751.97	476,260.62	57.41%	533,168.09
Total General Government		4,978,915.00	2,928,879.50	1,991,636.79	60.00%	2,635,250.41

* Y-T-D Transactions column does not include encumbrances.

Stanly County
Comparative Monthly Financial Report
For the Seven Months Ended January 31, 2015

		AMENDED	*Y-T-D	UNCOLLECTED	%	LAST
		BUDGET	TRANSACTIONS	REVENUE OR	COLLECTED	YEAR'S Y-T-D
				APPROPRIATIONS	OR EXPENDED	TRANSACTIONS
				REMAINING		
Depart 4310-	Sheriff	6,823,969.00	4,332,483.48	2,398,497.03	64.85%	4,069,861.66
Depart 4321-	Juvenile Justice	192,570.00	121,791.83	70,778.17	63.25%	109,392.88
Depart 4325	Criminal Justice Partnership	-	-	-	N/A	-
Depart 4326	JCPC	-	-	-	N/A	-
Depart 4330-	Emergency Services	3,807,103.00	2,398,571.30	1,384,500.84	63.63%	2,390,856.65
Depart 4350-	Inspections	316,258.00	195,760.12	120,497.88	61.90%	211,272.83
Depart 4360-	Medical Examiner	25,000.00	10,650.00	14,350.00	42.60%	10,800.00
Depart 4380-	Animal Control	424,603.00	258,815.15	153,699.35	63.80%	182,679.14
Depart 4395-	911 Emergency	1,084,969.00	672,275.82	404,070.70	62.76%	659,116.71
	Total Public Safety	12,674,472.00	7,990,347.70	4,546,393.97	64.13%	7,633,979.87
Depart 4540-	Total Transportation	1,041,314.00	553,269.98	436,454.00	58.09%	578,193.64
Depart 4710-	Solid Waste	990,944.00	547,122.61	432,679.45	56.34%	515,775.41
Depart 4750-	Fire Forester	85,925.00	34,207.46	51,717.54	39.81%	42,855.30
Depart 4960-	Soil & Water Conservation	93,857.00	57,460.15	36,396.85	61.22%	66,925.78
	Total Environmental Protection	1,170,726.00	638,790.22	520,793.84	55.52%	625,556.49
Depart 4902-	Economic Development	745,297.00	505,483.23	239,813.77	67.82%	169,323.58
Depart 4905-	Occupancy Tax	172,500.00	101,811.97	70,688.03	59.02%	87,901.41
Depart 4910-	Planning and Zoning	289,264.00	171,051.19	118,212.81	59.13%	149,668.54
Depart 4911-	Central Permitting	192,695.00	101,167.04	91,527.96	52.50%	103,308.17
Depart 4912-	Rocky River RPO	115,618.00	68,132.59	47,485.41	58.93%	63,815.44
Depart 4950-	Cooperative Extension	277,312.00	111,669.45	162,392.55	41.44%	111,418.54
	Total Economic Development	1,792,686.00	1,059,315.47	730,120.53	59.27%	685,435.68
Depart 5100-	Health Department	5,121,690.00	2,958,644.17	1,887,447.23	63.15%	2,854,253.30
Depart 5210-	Piedmont Mental Health	204,160.00	118,933.43	85,226.57	58.26%	118,134.79
Depart 5300-	Dept of Social Services	9,482,194.00	5,088,063.68	4,359,097.02	54.03%	5,007,328.21
Depart 5380-	Aging Services	1,005,158.00	496,300.45	363,255.86	63.86%	478,439.53
Depart 5381-	Senior Center	379,133.00	205,001.85	170,940.45	54.91%	233,749.51
Depart 5820-	Veterans	61,876.00	38,041.49	23,634.51	61.80%	36,385.01
	Total Human Services	16,254,211.00	8,904,985.07	6,889,601.64	57.61%	8,728,290.35
Depart 5910-	Stanly BOE	12,732,336.00	7,742,094.55	4,990,241.45	60.81%	7,693,874.83
Depart 5920-	Stanly Community College	1,497,498.00	855,331.85	642,166.15	57.12%	848,820.05
	Total Education	14,229,834.00	8,597,426.40	5,632,407.60	60.42%	8,542,694.88
Depart 6110-	Stanly Library	1,224,028.00	685,524.21	531,140.04	56.61%	647,145.70
Depart 6160-	Agri Center	311,795.00	167,886.32	139,456.83	55.27%	152,769.67
	Total Culture and Recreation	1,535,823.00	853,410.53	670,596.87	56.34%	799,915.37
Depart 9000-	Total Special Appropriations	25,000.00	25,000.00	-	100.00%	25,000.00
Depart 9100-	Total Debt Service	2,790,946.00	2,738,609.89	52,336.11	98.12%	2,802,624.47
Depart 9800-	Transfers	735,294.00	449,507.77	285,786.23	61.13%	394,733.50
Depart 9910-	Contingency	160,000.00	-	160,000.00	0.00%	-
	Total Transfers and Contingency	895,294.00	449,507.77	445,786.23	50.21%	394,733.50
	TOTAL EXPENSES	57,389,221.00	34,739,542.53	21,916,127.58	61.81%	33,451,674.66
	OVER (UNDER) REVENUES	\$ -	\$ 5,484,070.61	\$ (4,750,519.72)	N/A	\$ 6,089,604.16

Stanly County
Comparative Monthly Financial Report
For the Seven Months Ended January 31, 2015

		AMENDED BUDGET	*Y-T-D TRANSACTIONS	UNCOLLECTED REVENUE OR APPROPRIATIONS REMAINING	% COLLECTED OR EXPENDED	LAST YEAR'S Y-T-D TRANSACTIONS
EMERGENCY TELEPHONE E-911 260						
REVENUES:						
Depart 3439-	Surcharge	\$ 287,863.00	\$ 143,931.42	\$ 143,931.58	50.00%	\$ 313,188.03
Depart 3831-	Investment Earnings	-	311.97	(311.97)	N/A	322.62
Depart 3991-	Fund Balance	134,286.00	-	134,286.00	N/A	-
TOTAL REVENUES		422,149.00	144,243.39	277,905.61	34.17%	313,510.65
EXPENSES:						
Depart 4396-	E-911 Operations	422,149.00	168,719.39	212,420.67	49.68%	331,685.14
TOTAL EXPENSES		422,149.00	168,719.39	212,420.67	49.68%	331,685.14
OVER (UNDER) REVENUES		\$ -	\$ (24,476.00)	\$ 65,484.94	N/A	\$ (18,174.49)
FIRE DISTRICTS 295						
REVENUES:						
Depart 3100-	Ad Valorem Taxes	\$ 2,299,604.00	\$ 2,069,182.90	\$ 230,421.10	89.98%	\$ 1,888,718.95
TOTAL REVENUES		2,299,604.00	2,069,182.90	230,421.10	89.98%	1,888,718.95
EXPENSES:						
Depart 4100-	Comm 1.5 % Admin	27,500.00	31,838.85	(4,338.85)	115.78%	27,489.40
Depart 4340-	Fire Service	2,272,104.00	1,783,913.89	488,190.11	78.51%	1,574,198.48
TOTAL EXPENSES		2,299,604.00	1,815,752.74	483,851.26	78.96%	1,601,687.88
OVER (UNDER) REVENUES		\$ -	\$ 253,430.16	\$ (253,430.16)	N/A	\$ 287,031.07
GREATER BADIN OPERATING 611						
REVENUES:						
Depart 3710-	Operating Revenues	\$ 425,427.00	\$ 254,820.89	\$ 170,606.11	59.90%	\$ 228,759.16
Depart 3991-	Fund Balance Appropriated	25,064.00	-	25,064.00	N/A	-
TOTAL REVENUES		450,491.00	254,820.89	195,670.11	56.57%	228,759.16
EXPENSES:						
Depart 7110-	Administration	90,400.00	40,671.09	49,728.91	44.99%	39,841.33
Depart 7120-	Operations	335,027.00	233,579.92	98,376.18	70.64%	209,368.28
Depart 9800-	Transfer to Other Funds	25,064.00	-	25,064.00	0.00%	-
TOTAL EXPENSES		450,491.00	274,251.01	173,169.09	61.56%	249,209.61
OVER (UNDER) REVENUES		\$ -	\$ (19,430.12)	\$ 22,501.02	N/A	\$ (20,450.45)
PINEY POINT OPERATING 621						
REVENUES:						
Depart 3710-	Operating Revenues	\$ 133,700.00	\$ 77,193.83	\$ 56,506.17	57.74%	\$ 73,833.97
TOTAL REVENUES		133,700.00	77,193.83	56,506.17	57.74%	73,833.97
EXPENSES:						
Depart 7110-	Administration	75,000.00	43,750.00	31,250.00	58.33%	43,750.00
Depart 7120-	Operations	58,700.00	26,886.04	31,813.96	45.80%	27,465.00
TOTAL EXPENSES		133,700.00	70,636.04	63,063.96	52.83%	71,215.00
OVER (UNDER) REVENUES		\$ -	\$ 6,557.79	\$ (6,557.79)	N/A	\$ 2,618.97

Stanly County
Comparative Monthly Financial Report
For the Seven Months Ended January 31, 2015

		AMENDED	*Y-T-D	UNCOLLECTED	%	LAST
		BUDGET	TRANSACTIONS	REVENUE OR	COLLECTED	YEAR'S Y-T-D
				APPROPRIATIONS	OR EXPENDED	TRANSACTIONS
				REMAINING		
WEST STANLY WWTP 631						
REVENUES:						
Depart 3710-	Grants	\$ -	\$ -	\$ -	N/A	\$ -
Depart 3712-	Operating Revenues	479,000.00	310,393.23	168,606.77	64.80%	-
Depart 3980-	Transfer From Other Funds	85,000.00	-	85,000.00	N/A	-
TOTAL REVENUES		564,000.00	310,393.23	253,606.77	55.03%	-
EXPENSES:						
Depart 7110-	Administration	267,000.00	156,250.00	110,750.00	58.52%	-
Depart 7120-	Operations	297,000.00	187,656.97	102,135.03	65.61%	-
Depart 9800-	Transfers	-	-	-	N/A	-
TOTAL EXPENSES		564,000.00	343,906.97	212,885.03	62.25%	-
OVER (UNDER) REVENUES		\$ -	\$ (33,513.74)	\$ 40,721.74	N/A	\$ -
STANLY COUNTY UTILITY 641						
REVENUES:						
Depart 3710-	Grants	\$ -	\$ -	\$ -	N/A	\$ -
Depart 3712-	Operating Revenues	2,697,327.00	1,742,847.29	954,479.71	64.61%	1,392,287.13
TOTAL REVENUES		2,697,327.00	1,742,847.29	954,479.71	64.61%	1,392,287.13
EXPENSES:						
Depart 7110-	Administration	401,685.00	238,551.87	162,533.13	59.54%	237,246.48
Depart 7120-	Operations	2,295,642.00	1,554,268.23	735,895.31	67.94%	1,223,068.85
TOTAL EXPENSES		2,697,327.00	1,792,820.10	898,428.44	66.69%	1,460,315.33
OVER (UNDER) REVENUES		\$ -	\$ (49,972.81)	\$ 56,051.27	N/A	\$ (68,028.20)
AIRPORT OPERATING FUND 671						
REVENUES:						
Depart 3453-	Airport Operating	\$ 606,550.00	\$ 267,994.34	\$ 338,555.66	44.18%	\$ 255,532.46
Depart 3980-	Transfer from General Fund	245,294.00	122,647.00	122,647.00	50.00%	144,733.50
TOTAL REVENUES		851,844.00	390,641.34	461,202.66	45.86%	400,265.96
EXPENSES:						
Depart 4530-	Airport Operating	851,844.00	413,462.00	428,001.45	49.76%	415,381.07
TOTAL EXPENSES		851,844.00	413,462.00	428,001.45	49.76%	415,381.07
OVER (UNDER) REVENUES		\$ -	\$ (22,820.66)	\$ 33,201.21	N/A	\$ (15,115.11)
GROUP HEALTH & WORKERS' COMPENSATION 680						
REVENUES:						
Depart 3428-	Group Health Fees	\$ 5,265,763.00	\$ 3,074,498.38	\$ 2,191,264.62	58.39%	\$ 2,785,431.38
Depart 3430-	Workers Compensation	499,742.00	494,247.50	5,494.50	98.90%	721,462.26
TOTAL REVENUES		5,765,505.00	3,568,745.88	2,196,759.12	61.90%	3,506,893.64
EXPENSES:						
Depart 4200-	Group Health Costs	5,265,763.00	2,749,970.56	2,515,792.44	52.22%	2,363,693.49
Depart 4220-	Workers Compensation	499,742.00	583,671.76	(83,929.76)	116.79%	698,463.54
TOTAL EXPENSES		5,765,505.00	3,333,642.32	2,431,862.68	57.82%	3,062,157.03
OVER (UNDER) REVENUES		\$ -	\$ 235,103.56	\$ (235,103.56)	N/A	\$ 444,736.61

Stanly County
Comparative Monthly Financial Report
Project Funds
For the Seven Months Ended January 31, 2015

		PROJECT AUTHORIZATION	PROJECT TO DATE	PROJECT AMOUNT REMAINING
Tarheel Challenge Academy 212				
<i>REVENUES:</i>				
Depart 3590-	Education	\$ 3,092,000.00	\$ 3,092,000.00	\$ -
	TOTAL REVENUES	<u>3,092,000.00</u>	<u>3,092,000.00</u>	<u>-</u>
<i>EXPENSES:</i>				
Depart 5910-	Public Schools	3,092,000.00	744,677.47	2,179,572.28
	TOTAL EXPENSES	<u>3,092,000.00</u>	<u>744,677.47</u>	<u>2,179,572.28</u>
	OVER (UNDER) REVENUES	<u>\$ -</u>	<u>\$ 2,347,322.53</u>	<u>\$ (2,179,572.28)</u>
Emergency Radio System Project 213				
<i>REVENUES:</i>				
Depart 3980-	Transfer From Other Funds	\$ 7,502,941.00	\$ 8,384,793.97	\$ (881,852.97)
	TOTAL REVENUES	<u>7,502,941.00</u>	<u>8,384,793.97</u>	<u>(881,852.97)</u>
<i>EXPENSES:</i>				
Depart 4396-	911 Operations	7,502,941.00	7,476,940.29	24,800.71
	TOTAL EXPENSES	<u>7,502,941.00</u>	<u>7,476,940.29</u>	<u>24,800.71</u>
	OVER (UNDER) REVENUES	<u>\$ -</u>	<u>\$ 907,853.68</u>	<u>\$ (906,653.68)</u>
Stanly Community College Cosmetology Project 214				
<i>REVENUES:</i>				
Depart 3590-	Education	\$ 15,750.00	\$ -	\$ 15,750.00
	TOTAL REVENUES	<u>15,750.00</u>	<u>-</u>	<u>15,750.00</u>
<i>EXPENSES:</i>				
Depart 5920-	Stanly Community College	15,750.00	15,551.58	198.42
	TOTAL EXPENSES	<u>15,750.00</u>	<u>15,551.58</u>	<u>198.42</u>
	OVER (UNDER) REVENUES	<u>\$ -</u>	<u>\$ (15,551.58)</u>	<u>\$ 15,551.58</u>
Livestock Arena Construction Project 215				
<i>REVENUES:</i>				
Depart 3980-	Transfer from Other Funds	\$ 75,000.00	\$ -	\$ 75,000.00
	TOTAL REVENUES	<u>75,000.00</u>	<u>-</u>	<u>75,000.00</u>
<i>EXPENSES:</i>				
Depart 6160-	Agri-Civic Center	75,000.00	-	75,000.00
	TOTAL EXPENSES	<u>75,000.00</u>	<u>-</u>	<u>75,000.00</u>
	OVER (UNDER) REVENUES	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
COMMUNITY GRANT (Single Family) 254				
<i>REVENUES:</i>				
Depart 3493-	Grant	\$ 193,087.00	\$ 240,785.74	\$ (47,698.74)
	TOTAL REVENUES	<u>193,087.00</u>	<u>240,785.74</u>	<u>(47,698.74)</u>
<i>EXPENSES:</i>				
Depart 4930-	CDBG - Single Family	193,087.00	225,332.12	(32,245.12)
	TOTAL EXPENSES	<u>193,087.00</u>	<u>225,332.12</u>	<u>(32,245.12)</u>
	OVER (UNDER) REVENUES	<u>\$ -</u>	<u>\$ 15,453.62</u>	<u>\$ (15,453.62)</u>

Stanly County
Comparative Monthly Financial Report
Project Funds
For the Seven Months Ended January 31, 2015

		PROJECT AUTHORIZATION	PROJECT TO DATE	PROJECT AMOUNT REMAINING
COMMUNITY GRANT (Urgent Repair Program) 255				
REVENUES:				
Depart 3493-	Grant	\$ 75,000.00	\$ 75,000.00	-
Depart 3831-	Investment Earning	-	206.90	(206.90)
	TOTAL REVENUES	<u>75,000.00</u>	<u>75,206.90</u>	<u>(206.90)</u>
EXPENSES:				
Depart 4930-	CDBG - Single Family	75,000.00	66,551.47	8,448.53
	TOTAL EXPENSES	<u>75,000.00</u>	<u>66,551.47</u>	<u>8,448.53</u>
	OVER (UNDER) REVENUES	<u>\$ -</u>	<u>\$ 8,655.43</u>	<u>\$ (8,655.43)</u>
COMMUNITY GRANT (2011 Infrastructure) 256				
REVENUES:				
Depart 3493-	Grant	\$ 75,000.00	\$ 75,000.00	\$ -
	TOTAL REVENUES	<u>75,000.00</u>	<u>75,000.00</u>	<u>-</u>
EXPENSES:				
Depart 4930-	CDBG - Single Family	75,000.00	75,000.00	-
	TOTAL EXPENSES	<u>75,000.00</u>	<u>75,000.00</u>	<u>-</u>
	OVER (UNDER) REVENUES	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
COMMUNITY GRANT (2012 CDBG Scattered Site) 257				
REVENUES:				
Depart 3493-	Grant	\$ 225,000.00	\$ 49,329.87	\$ 175,670.13
	TOTAL REVENUES	<u>225,000.00</u>	<u>49,329.87</u>	<u>175,670.13</u>
EXPENSES:				
Depart 4930-	CDBG - Single Family	225,000.00	52,951.08	172,048.92
	TOTAL EXPENSES	<u>225,000.00</u>	<u>52,951.08</u>	<u>172,048.92</u>
	OVER (UNDER) REVENUES	<u>\$ -</u>	<u>\$ (3,621.21)</u>	<u>\$ 3,621.21</u>
COMMUNITY GRANT (2013 Urgent Repair Grant) 258				
REVENUES:				
Depart 3493-	Grant	\$ 75,000.00	\$ 37,500.00	37,500.00
Depart 3831-	Investment Earning	-	98.33	(98.33)
	TOTAL REVENUES	<u>75,000.00</u>	<u>37,598.33</u>	<u>37,401.67</u>
EXPENSES:				
Depart 4930-	CDBG - Single Family	75,000.00	69,800.00	5,200.00
	TOTAL EXPENSES	<u>75,000.00</u>	<u>69,800.00</u>	<u>5,200.00</u>
	OVER (UNDER) REVENUES	<u>\$ -</u>	<u>\$ (32,201.67)</u>	<u>\$ 32,201.67</u>
COMMUNITY GRANT (2014 Urgent Repair Grant) 259				
REVENUES:				
Depart 3493-	Grant	100,000.00	50,033.70	49,966.30
	TOTAL REVENUES	<u>100,000.00</u>	<u>50,033.70</u>	<u>49,966.30</u>
EXPENSES:				
Depart 4930-	CDBG - Single Family	100,000.00	-	100,000.00
	TOTAL EXPENSES	<u>100,000.00</u>	<u>-</u>	<u>100,000.00</u>
	OVER (UNDER) REVENUES	<u>\$ -</u>	<u>\$ 50,033.70</u>	<u>\$ (50,033.70)</u>

Stanly County
Comparative Monthly Financial Report
Project Funds
For the Seven Months Ended January 31, 2015

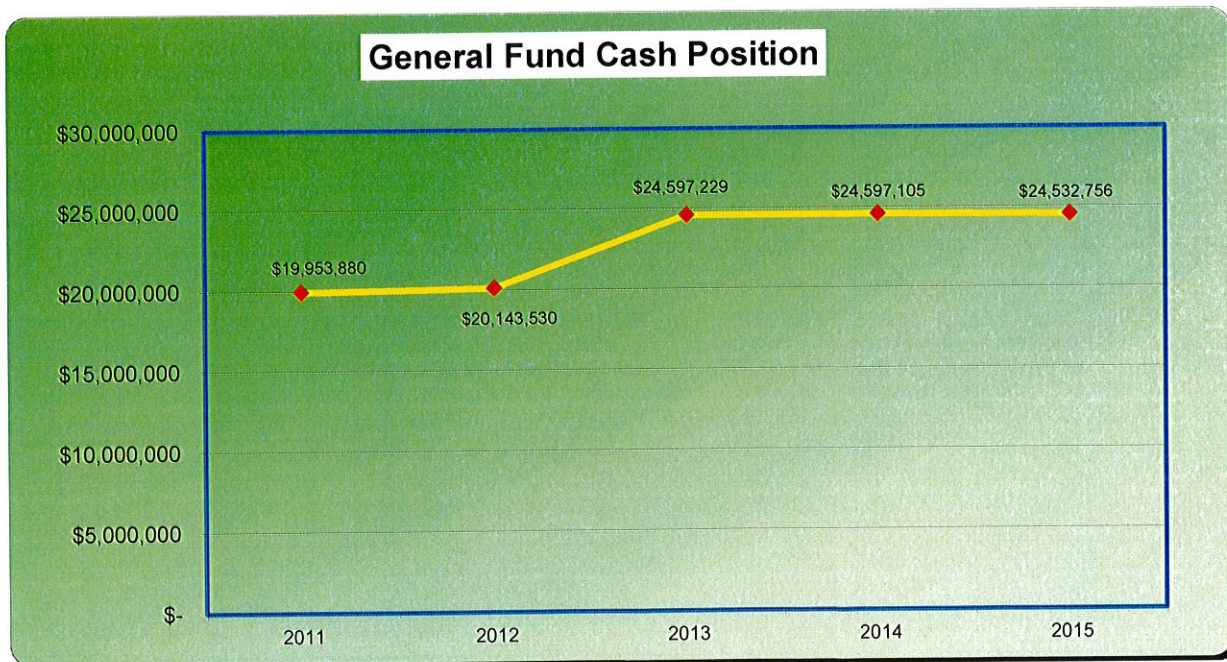
		PROJECT AUTHORIZATION	PROJECT TO DATE	PROJECT AMOUNT REMAINING
Badin Water Rehab Part A 612				
REVENUES:				
Depart 3710-	Water & Sewer	\$ 2,723,600.00	\$ -	\$ 2,723,600.00
Depart 3980-	Transfer	25,064.00	-	25,064.00
	TOTAL REVENUES	2,748,664.00	-	2,748,664.00
EXPENSES:				
Depart 7120-	Water Systems	2,748,664.00	2,207.93	\$ 2,746,456.07
	TOTAL EXPENSES	2,748,664.00	2,207.93	2,746,456.07
	OVER (UNDER) REVENUES	\$ -	\$ (2,207.93)	\$ 2,207.93
Badin Water Rehab Part B 613				
REVENUES:				
Depart 3710-	Water & Sewer	\$ 5,165,924.00	\$ -	\$ 5,165,924.00
	TOTAL REVENUES	5,165,924.00	-	5,165,924.00
EXPENSES:				
Depart 7120-	Water Systems	5,165,924.00	472.00	\$ 5,165,452.00
	TOTAL EXPENSES	5,165,924.00	472.00	5,165,452.00
	OVER (UNDER) REVENUES	\$ -	\$ (472.00)	\$ 472.00
UTILTIY HWY 200 WATER PROJECT 656				
REVENUES:				
Depart 3720-	Commercial Loan	\$ 1,500,000.00	\$ -	\$ 1,500,000.00
Depart 3980-	Transfer	156,500.00	156,500.00	-
	TOTAL REVENUES	1,656,500.00	156,500.00	1,500,000.00
EXPENSES:				
Depart 7120-	Water Systems	1,656,500.00	159,673.63	\$ 1,496,826.37
	TOTAL EXPENSES	1,656,500.00	159,673.63	1,496,826.37
	OVER (UNDER) REVENUES	\$ -	\$ (3,173.63)	\$ 3,173.63
CARRIKER ROAD WATER EXTN PROJECT 658				
REVENUES:				
Depart 3980-	Transfer	\$ 223,065.00	\$ 20,493.40	\$ 202,571.60
	TOTAL REVENUES	223,065.00	20,493.40	202,571.60
EXPENSES:				
Depart 7120-	Water Systems	223,065.00	189,518.54	\$ 33,546.46
	TOTAL EXPENSES	223,065.00	189,518.54	33,546.46
	OVER (UNDER) REVENUES	\$ -	\$ (169,025.14)	\$ 169,025.14
Cottonville Rd Waterline Relocat 659				
REVENUES:				
Depart 3710-	Water & Sewer	\$ 69,134.00	\$ -	\$ 69,134.00
	TOTAL REVENUES	69,134.00	-	69,134.00
EXPENSES:				
Depart 7120-	Water Systems	69,134.00	-	\$ 69,134.00
	TOTAL EXPENSES	69,134.00	-	69,134.00
	OVER (UNDER) REVENUES	\$ -	\$ -	\$ -

Stanly County
 Comparative Monthly Financial Report
 Project Funds
 For the Seven Months Ended January 31, 2015

		PROJECT AUTHORIZATION	PROJECT TO DATE	PROJECT AMOUNT REMAINING
AIRPORT RUNWAY EXTN DESIGN PROJECT 676				
<i>REVENUES:</i>				
Depart 3453-	Grants	\$ 1,031,223.00	\$ 338,779.65	\$ 692,443.35
Depart 3980-	Transfer from Other Funds	296,000.00	235,410.56	60,589.44
	TOTAL REVENUES	<u>1,327,223.00</u>	<u>574,190.21</u>	<u>753,032.79</u>
<i>EXPENSES:</i>				
Depart 4531-	Terminal Improvement	1,327,223.00	575,519.96	751,703.04
	TOTAL EXPENSES	<u>1,327,223.00</u>	<u>575,519.96</u>	<u>751,703.04</u>
	OVER (UNDER) REVENUES	<u>\$ -</u>	<u>\$ (1,329.75)</u>	<u>\$ 1,329.75</u>
AWOS & ILS UPGRADE PROJECT 679				
<i>REVENUES:</i>				
Depart 3453-	Grants	\$ 112,500.00	\$ 104,097.32	\$ 8,402.68
Depart 3980-	Transfer from Other Funds	12,500.00	9,505.47	2,994.53
	TOTAL REVENUES	<u>125,000.00</u>	<u>113,602.79</u>	<u>11,397.21</u>
<i>EXPENSES:</i>				
Depart 4530-	AWOS & ILS Upgrade	125,000.00	115,663.69	9,336.31
	TOTAL EXPENSES	<u>125,000.00</u>	<u>115,663.69</u>	<u>9,336.31</u>
	OVER (UNDER) REVENUES	<u>\$ -</u>	<u>\$ (2,060.90)</u>	<u>\$ 2,060.90</u>

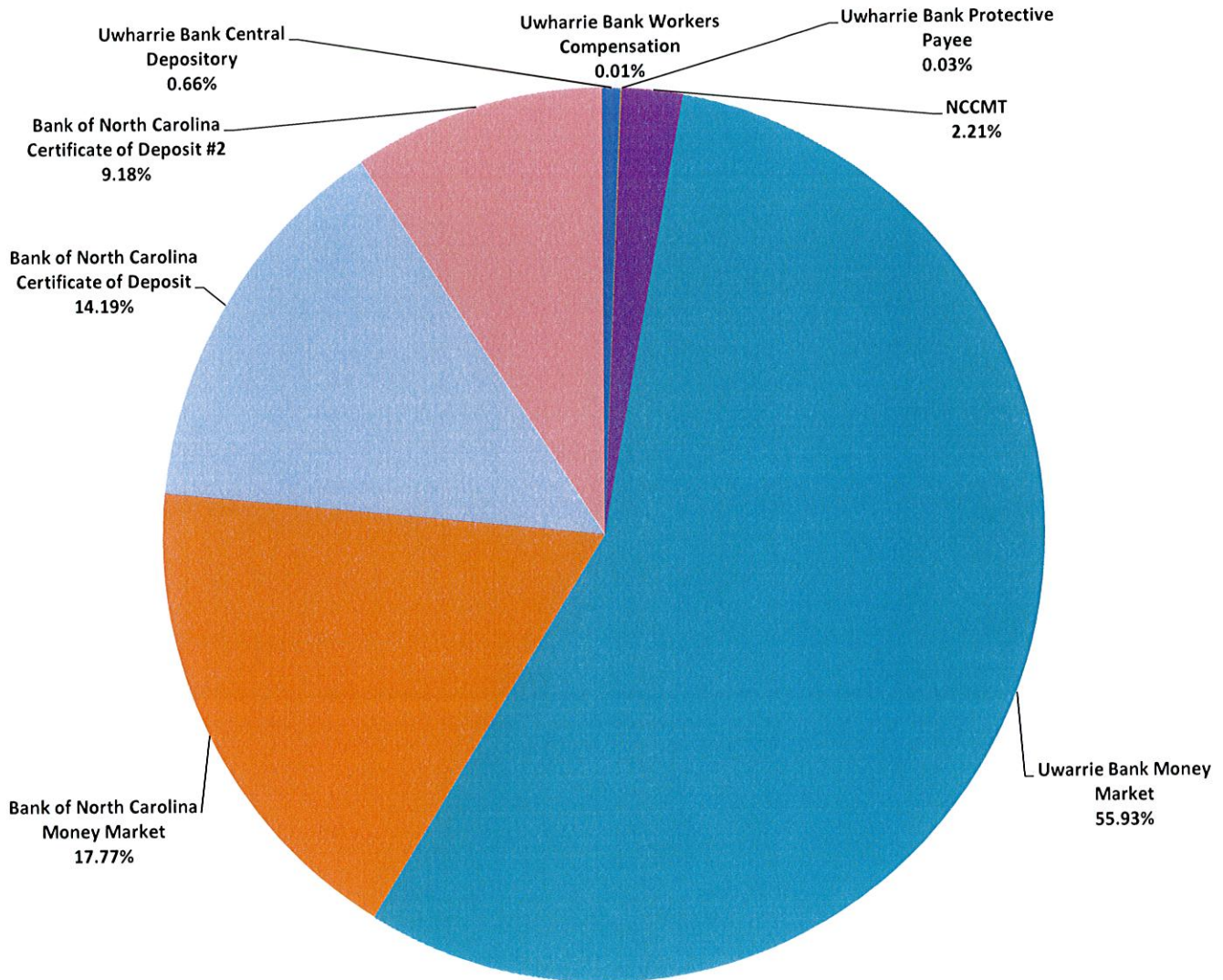
Stanly County
Comparative Cash Position Report
January 31, 2015 Compared with January 31, 2014

	Current 1/31/2015	Prior 1/31/2014	Increase (Decrease)
110 General Fund	\$ 24,532,756.16	\$ 24,597,105.48	\$ (64,349.32)
212 Tarheel Challenge Academy	2,347,322.53	1,545,880.22	801,442.31
213 Emergency Radio System Project	907,853.68	(150.00)	908,003.68
214 SCC Cosmetology Project	(15,551.58)	-	(15,551.58)
215 Livestock	-	-	-
239 Duke Help	-	-	-
254 Community Grant (CDBG) Single Family Rehab 2011	15,453.62	705.08	14,748.54
255 Community Grant (CDBG) 2011 Urgent Repair	8,655.43	13,807.57	(5,152.14)
256 Community Grant (CDBG) 2011 Infrastructure	-	(25,786.41)	25,786.41
257 Community Grant (CDBG) 2012 CDBG Scattered Site	(3,621.21)	(6,574.04)	2,952.83
258 Community Grant (CDBG) 2013 Urgent Repair Grant	(32,201.67)	37,527.24	(69,728.91)
259 Community Grant (CDBG) 2014 Urgent Repair Grant	50,033.70	-	50,033.70
260 Emergency Telephone E-911	240,147.18	239,055.41	1,091.77
295 Fire Districts	253,516.50	287,029.02	(33,512.52)
611 Greater Badin Operating	262,037.94	260,744.57	1,293.37
612 Badin Water Rehab Part A	(2,207.93)	-	(2,207.93)
613 Badin Water Rehab Part B	(472.00)	-	(472.00)
621 Piney Point Operating	237,509.85	216,479.93	21,029.92
631 West Stanly WWTP	(85,586.87)	-	(85,586.87)
641 Utility Operating	934,961.03	721,317.52	213,643.51
656 Utility- Hwy 200 Water Project	(3,173.63)	(3,173.63)	-
658 Utility- Carriker Road Water Extn Project	(169,025.14)	-	(169,025.14)
671 Airport Operating	13,644.42	14,880.18	(1,235.76)
676 Airport Runway Extn	(1,329.75)	(238,271.00)	236,941.25
678 Airport Runway Pavement	-	271,476.37	(271,476.37)
679 AWOS & ILS Upgrade Project	(2,060.90)	(42,105.91)	40,045.01
680 Group Health Fund	3,495,432.49	3,045,901.44	449,531.05
710 Protective Payee	-	-	-
720 Fines & Forfeiture Agency	-	-	-
730 Deed of Trust Fund	2,759.00	2,864.40	(105.40)
740 Sheriff Court Executions	332.61	(243.89)	576.50
760 City and Towns Property Tax	860,380.59	1,126,064.42	(265,683.83)
	<u>\$ 33,847,566.05</u>	<u>\$ 32,064,533.97</u>	<u>\$ 1,783,032.08</u>



**Stanly County
Investment Report
For the Seven Months Ended January 31, 2015**

BANK:	Balance per Bank at 1/31/15	% of investment	Purchase Date	Maturity Date	% Yield	Time of Certificate of Deposit
Uwharrie Bank Central Depository	\$ 223,844.62	0.66%			0.06%	
Uwharrie Bank Workers Compensation	5,000.00	0.01%			N/A	
Uwharrie Bank Protective Payee	11,108.44	0.03%			N/A	
NCCMT	747,391.16	2.21%			0.01%	
Uwarrie Bank Money Market	18,895,502.94	55.93%			0.15%	
Bank of North Carolina Money Market	6,003,026.81	17.77%			0.20%	
Bank of North Carolina Certificate of Deposit	4,793,087.55	14.19%	9/15/2014	3/15/2015	0.58%	6 months
Bank of North Carolina Certificate of Deposit #2	3,102,342.91	9.18%	10/10/2014	4/10/2015	0.58%	6 months
Totals	\$ 33,781,304.43					



Stanly County
Fund Balance Calculation
As of January 31, 2015

Available Fund Balance	Cash & Investments	\$ 24,537,135
	Liabilities (w/out deferred revenue)	1,183,488
	Deferred Revenue (from cash receipts)	25,671
	Encumbrances	733,551
	Due to Other Governments	25,386
		22,569,039
	Total Available	\$ 22,569,039
General Fund Expenditures	Total Expenditures	\$ 57,389,221
		57,389,221
Total Available for Appropriation	Total Available	\$ 22,569,039
	Total Expenditures	57,389,221
	Available for Appropriation	39.33%



Stanly County Board of Commissioners

Meeting Date: March 2, 2015
 Presenter:

4c
 X
 Consent Agenda Regular Agenda

Presentation Equipment: Lectern PC* Lectern VCR Lectern DVD Document Camera** Laptop***

Please Provide a Brief Description of your Presentations format: _____
 * PC is equipped with Windows XP and Microsoft Office XP (including Word, Excel, and PowerPoint), Internet connectivity and Network connectivity for County Employees.
 ** If you have need to use the Document Camera and zoom into a particular area, if possible please attach a copy of the document with the area indicated that you need to zoom into. A laser light is available to pinpoint your area of projection.
 *** You can bring in a laptop that will allow video out to be connected at the lectern – set display to 60Mhz.

ITEM TO BE CONSIDERED

Subject

Budget amendment to transfer funds in the Transportation Services operations budget to cover the cost of 2-way radio replacements for the vehicle fleet and the office. The quote for the replacements came in higher than the estimated budgeted figures from last April. The radios will be funded with Federal and State 5311 Capital Funds which require a local match of 10%. A line item transfer has been made in the state budget as well.

The radios and all equipment will be compatible with the new communication system.

This does not require any additional funds from the county.

Requested Action

Request approval of the budget amendment to allow for the purchase of 2-way replacements.

Signature: *Tyler Brummitt*
 Date: 2-19-15

Dept. *Transportation Services*
 Attachments: Yes X No _____

Review Process			
	Approved		Initials
	Yes	No	
Finance Director	—	—	
Budget Amendment Necessary	—	—	
County Attorney	—	—	
County Manager	—	—	
Other:	—	—	

Certification of Action

Certified to be a true copy of the action taken by the Stanly County Board of Commissioners on

Tyler Brummitt, Clerk to the Board Date



AMENDMENT NO: 2015-34

STANLY COUNTY-BUDGET AMENDMENT

BE IT ORDAINED by the Stanly County Board of Commissioners that the following amendment be made to the annual budget ordinance for the fiscal year ending June 30, 2015:

To amend the General Fund, the expenditures are to be changed as follows:

Table with 6 columns: FUND/DEPART NUMBER, ACCOUNT NUMBER, ACCOUNT DESCRIPTION, CURRENT BUDGETED AMOUNT, INCREASE (DECREASE), AS AMENDED. Rows include Vehicle Parts & Supplies, Motor Fuel, Office Supplies, Motor Vehicles, Bldgs, Structure & Improve, Radio Mobiles, and a TOTALS row.

This budget amendment is justified as follows:

To transfer funds in Transportation to cover the cost of radio replacements.

This will result in a net increase \$ 1,106 in expenditures and other financial use to the County's annual budget. To provide the additional revenue for the above, the following revenues will be increased. These revenues have already been received or are verified they will be received in this fiscal year.

Table with 6 columns: FUND/DEPART NUMBER, ACCOUNT NUMBER, ACCOUNT DESCRIPTION, CURRENT BUDGETED AMOUNT, INCREASE (DECREASE), AS AMENDED. Row includes Sale of Surplus Vans and a TOTALS row.

SECTION 2. Copies of this amendment shall be furnished to the Clerk of the Board of Commissioners, Budget Officer, and to the Finance Director.

Adopted this _____ day of _____, 20____

Verified by the Clerk of the Board _____

Reviewed by Department Head [Signature] Date 2-19-15

Reviewed by Finance Director [Signature] Date 2-19-15

Reviewed by County Manager _____ Date _____

Table with 4 rows: Posted by, Journal No., Date.



Stanly County Board of Commissioners

Meeting Date: March 2, 2015
 Presenter: Dennis Joyner

40

Consent Agenda | Regular Agenda

Presentation Equipment: Lectern PC* Lectern VCR Lectern DVD Document Camera** Laptop***

Please Provide a Brief Description of your Presentations format: _____

* PC is equipped with Windows XP and Microsoft Office XP (including Word, Excel, and PowerPoint), Internet connectivity and Network connectivity for County Employees.

** If you have need to use the Document Camera and zoom into a particular area, if possible please attach a copy of the document with the area indicated that you need to zoom into. A laser light is available to pinpoint your area of projection.

*** You can bring in a laptop that will allow video out to be connected at the lectern – set display to 60Mhz.

ITEM TO BE CONSIDERED

Subject

The North Carolina WIC Program has implemented a new state-wide computer system called Crossroads. As a part of this implementation, the Division of Public Health is providing additional funds to local health departments to assist with staff training expenses related to the new Crossroads system. These funds were not included in the health department's FY14-15 budget.

Requested Action

Request approval to accept \$1,728 in funding from the NC Division of Public Health for WIC Crossroads training and appropriate to the health department's FY14-15 budget.

Signature: _____

Dept. Public Health

Date: 2-23-15

Attachments: Yes x No

Review Process

Certification of Action

	Approved		Initials
	Yes	No	
Finance Director	<input type="checkbox"/>	<input type="checkbox"/>	
Budget Amendment Necessary	<input type="checkbox"/>	<input type="checkbox"/>	
County Attorney	<input type="checkbox"/>	<input type="checkbox"/>	
County Manager	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	

Certified to be a true copy of the action taken by the Stanly County Board of Commissioners on _____

 Tyler Brummitt, Clerk to the Board Date



AMENDMENT NO: 2015-35

STANLY COUNTY-BUDGET AMENDMENT

BE IT ORDAINED by the Stanly County Board of Commissioners that the following amendment be made to the annual budget ordinance for the fiscal year ending June 30, 2015:

To amend the General Fund, the expenditures are to be changed as follows:

FUND/DEPART NUMBER	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	CURRENT BUDGETED AMOUNT	INCREASE (DECREASE)	AS AMENDED
110.5110	312.000	Training	\$ 7,060	\$ 1,728	\$ 8,788
TOTALS			<u>\$ 7,060</u>	<u>\$ 1,728</u>	<u>\$ 8,788</u>

This budget amendment is justified as follows:

To budget in General Health training funds for WIC Crossroads system.

This will result in a net increase \$ 1,728 in expenditures and other financial use to the County's annual budget. To provide the additional revenue for the above, the following revenues will be increased. These revenues have already been received or are verified they will be received in this fiscal year.

FUND/DEPART NUMBER	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	CURRENT BUDGETED AMOUNT	INCREASE (DECREASE)	AS AMENDED
110.3500	330.10	Health & Human Services	\$ 748,027	\$ 1,728	\$ 749,755
TOTALS			<u>\$ 748,027</u>	<u>\$ 1,728</u>	<u>\$ 749,755</u>

SECTION 2. Copies of this amendment shall be furnished to the Clerk of the Board of Commissioners, Budget Officer, and to the Finance Director.

Adopted this _____ day of _____, 20____

Verified by the Clerk of the Board _____

Dennis R. Jones _____ Date 2/24/15
Reviewed by Department Head

John R. Kinison _____ Date 2-24-15
Reviewed by Finance Director

Reviewed by County Manager Date

Posted by
Journal No.
Date

4E

POLICY 4.01 – STANLY COUNTY DETENTION CENTER MEDICAL PLAN

STANLY COUNTY DETENTION CENTER POLICY & PROCEDURE	NUMBER: 4.01
	RESCINDS: 1
SUBJECT: MEDICAL PLAN FOR THE STANLY COUNTY DETENTION CENTER	
APPLICABLE STANDARDS: (Prepared in conformity with N.C. General Statute 153A-225 and N.C. Administrative Code 10 NCAC 3J .1001)	
REVISED:	
STANLY COUNTY SHERIFF: <u><i>George T. B...</i></u>	DATE: 2/23/15
STANLY COUNTY HEALTH DIRECTOR: <u><i>Dennis Jaynes</i></u>	DATE: 2/19/15
STANLY COUNTY COMMISSIONERS ADOPTED: _____	DATE: _____

POLICY STATEMENT

The Sheriff will develop a written medical plan that is designed to protect the health and welfare of Inmates incarcerated in the Stanly County Detention Center. The plan, at a minimum, will address serious medical, mental health, mental retardation, and dental and substance abuse problems of inmates. The plan will be reviewed annually by the Sheriff, Detention Center Administrator, Stanly County Health Director, and adopted by the Stanly County Board of Commissioners.

4.01: Written Medical Plan Required

SPECIFIC PROCEDURES

Content of Detention Center Medical Plan: The Detention Center Medical Plan shall address, at a minimum, the following medical services:

- a. Health screening of inmates upon intake;
- b. Handling Routine Medical Care;
- c. Sick call;
- d. Non-emergency services;
- e. Emergency services;

POLICY 4.01 – STANLY COUNTY DETENTION CENTER MEDICAL PLAN

- e. Emergency services;
- f. Mental health services;
- g. Substance and chemical abuse services;
- h. Dental care;
- i. Administration, dispersing and controlling medications;
- j. Handling suicidal inmates;
- k. Chronic illnesses and communicable diseases;
- l. Confidentiality of medical records;
- m. Privacy during medical examinations and conferences; and
- n. Medical co-payments, if authorized;
- o. Care of Pregnant Inmates.

The plan must provide inmates a daily opportunity to communicate their health complaints to a health care professional or officer and require that qualified health care personnel be available to evaluate and provide care for the medical needs of inmates.

The medical plan will prohibit inmates from performing medical functions at the Stanly County Detention Center and require that Detention Officers to inform inmates about access to health care services.

Involvement of Stanly County Health Director and Stanly County Board of Commissioners: Pursuant to G.S. 153A-225(a) and IDA NCAC 14J.1001 (e), and as directed by the Sheriff, the Detention Center Administrator will be responsible for the annual review of the facility medical plan, including that each policy and procedure of the plan is reviewed and approved by the Sheriff, Health Director, and the local Mental Health authority indicating review and approval of the plan annually. After the Stanly County Health Director has approved the Detention Center Health Plan, the Sheriff will request that the Stanly County Board of Commissioners adopt the Detention Center Medical Plan during a formal commissioners meeting.

A copy of the Detention Center's medical plan will be posted in Master Control in a conspicuous area to afford officers access to the plan.

4.01- A: Health Screening of Inmates Upon Intake

POLICY STATEMENT: It is the policy of the Stanly County Detention Center to conduct a health screening of every inmate during the intake / booking process to determine if the inmate is in need of emergency medical care, or mental health services.

SPECIFIC PROCEDURES

Screening of Newly Admitted Inmates During Intake: All inmates will be screened during the intake / booking process by Stanly County Detention Center staff using a standard health screening form. The health screening form has been approved for use by the Stanly County Health Service Provider. The specific questions are asked of each inmate about their past and current medical conditions and the answers are recorded on the form by the intake officer. The intake officer will also make visual observations of the inmate and record the inmate's physical and mental conditions. The inmate and intake officer will sign the health screening form acknowledging that the answers were those given by the inmate. A copy of the form will be placed in the inmate's medical file and followed up as deemed appropriate by the Stanly County Health Services staff.

Inmates Needing Immediate Medical Care: If, during the health screening process, an inmate is deemed to need medical or mental care, the arresting officer will be requested to transport the inmate to the local area hospital. In the event that emergency medical care is needed, EMS will be contacted following the procedures set forth in the Emergency / Non-Emergency Medical and Dental Care section of the Stanly County Detention Center Medical Plan.

4.01- B: Qualified Medical Personnel

POLICY STATEMENT:

Qualified medical personnel will be available to evaluate inmate medical needs at all times. Inmates will not perform any medical functions at the Detention Center.

SPECIFIC PROCEDURES:

24-Hours Availability of Healthcare Personnel: The Stanly County Medical Provider will provide 24-hour medical, emergency, dental and mental health care. Licensed Medical Personnel (LPN or RN) will be available or on call 24 hours per day. Licensed Medical Personnel will be on site Monday through Friday for six (6) hours and Saturday - Sunday for four (4) hours per day.

Health Care Professional's Qualifications: Health professionals who are hired under contract to provide medical services to the Stanly County Detention Center must have and maintain an active NC professional license and be competent.

Exclusive Responsibility for Medical Decisions: Health professionals who provide medical services at the Stanly County Detention Center will have the exclusive responsibility for medical decisions. At the same time, however, they will be subject to the same security requirements and procedures as detention

officers and civilian staff. The names and numbers of all health care service providers will be clearly posted in Master Control for easy access.

4.01- C: Routine Medical Care / Sick Call

POLICY STATEMENT:

It is the policy of the Stanly County Detention Center to provide each inmate with daily access to health care services from a qualified provider to screen, refer, and provide basic treatment for ongoing or emerging health care problems. Inmates will be provided an opportunity each day to communicate their medical complaints to a health professional or a detention officer.

Sick call: is an organized method of treating inmate health problems through a regularly scheduled triage session. It provides inmates with the opportunity to report a medical illness or other health problem, and to receive diagnosis or treatment to alleviate the condition, if reasonably possible.

SPECIFIC PROCEDURES:

Inmates Will Be Informed How To Obtain Medical Care: The Intake / Booking Officer, during the booking process, will insure that the inmate is aware of the procedure for obtaining medical care.

Officers Will Respond to Healthcare Complaints: Officers will respond to and take appropriate action when an inmate complains of health problems, including dental needs and mental health problems. If a nurse is unavailable or fails to respond in an appropriate or timely manner, the officer receiving the complaint will inform the Shift Supervisor of the situation. The Shift Supervisor will evaluate the circumstances and, if necessary, make immediate arrangements for medical treatment as provided in the medical plan.

Inmates Allowed To Communicate Healthcare Needs Daily: Inmates will be provided an opportunity to communicate their health complaints daily, verbally or by submitting a sick call form according to the following procedure:

- a. An inmate will request a Sick Call Request form from an officer and complete the form. If an inmate is illiterate or unable to submit a request, an officer will submit one on the inmate's behalf. The inmate will return the Sick Call Request to an officer. These requests will be entered into the Jail Management System (JMS) and the original placed in the medical in-box located in the intake / booking area.
- b. Medical personnel collect, evaluate and respond to each complaint. Prior

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to conducting a face-to-face sick call, the RN or Nurse will provide the assisting officer with a list of inmates to be seen and evaluated. Sick call will be conducted on a daily basis.

- c. All medical action taken will be documented and signed by the medical professional. All sick call forms will be kept and filed in the medical department.

Medical Personnel Will Conduct Sick Call: A medical professional will conduct sick call on a regular established schedule and will, as soon as possible:

- a. Examine the inmate to the extent required to ascertain the nature of the problem;
- b. Provide appropriate treatment consistent with standing or verbal orders issued by the Detention Center physician or other supervising medical authority;
- c. Schedule the inmate for further examination or treatment by the Detention Center mid-level practitioner, physician, psychiatrist, dentist or other medical specialist, as appropriate; and
- d. Refer the inmate for transfer to the facility clinic or appropriate hospital when necessary.
- e. Arrange for immediate transfer to appropriate facility, clinic, or hospital in medical emergencies.

The Shift Detention Supervisor will assign an officer to assist with sick call. The officer will be the same gender as the inmate (male with male, female with female) and be responsible for safety, security and for handling inmate supervision while the inmate is in the treatment room with the provider. At no time will the medical professional be left alone with any inmate or will the door be closed and locked.

Review of Sick Call: A Physician Assistant will review sick call requests and records on a regular basis. Reviews may include:

- a. An examination of records; Referrals made by the sick call personnel;
- b. Discussion with the staff member who conducted sick call; and
- c. Actual examination of the inmate, if necessary.

Physician and Specialists Will Be Available: A Detention Center mid-level practitioner will be on-call 24-hours-per day and will be available to respond to inmate medical needs referred by Detention Center nurses and officers. A Licensed Medical Professional is available seven days a week to examine, diagnose, and treat inmates. A Mental Health Professional will conduct clinical rounds as needed at the Detention Center upon request. A Dentist will be available as needed. When necessary, inmates will be scheduled for outside treatment and / or seen by medical specialists as determined by the Detention Center Medical Personnel.

4.01- D: Emergency / Non-Emergency Medical and Dental Care

POLICY STATEMENT:

It is the policy of the Stanly County Detention Center to provide emergency and nonemergency medical and dental services for inmates that is consistent with community standards of health care. Medical emergencies will be reported to medical staff immediately. Medical staff will respond promptly to all such requests. Until Detention Center medical staff is available, officers will render basic first aid services and other assistance. Inmates will not be escorted to the Detention Center clinic without the expressed permission of on-duty medical staff. Basic first aid kits will be available at various duty stations within the Detention Center.

DEFINITIONS:

A medical emergency is any medical event requiring immediate medical intervention including, but not limited to: unconsciousness or semi-consciousness, breathing difficulties and shortness of breath, chest pain, uncontrolled bleeding, head injury, broken bones, burns, uncontrolled pain, severe swelling, mouth or dental injury, severe alcohol or drug-induced intoxication, suicidal or self-destructive behavior, disorientation, exaggerated mood swings, delusions or hallucinations (auditory, visual, tactile, etc.,) intense fear, depression, anxiety or panic, and/or any other symptoms or complaints that indicate an inmate requires immediate medical care.

A medical non-emergency is any medical event that does not require immediate medical intervention including, but not limited to, minor aches and pains, insomnia, minor injuries or cuts, non-serious bleeding, skins disorders, mild to moderate depression or anxiety, fever and/or any other symptoms or complaints that do not indicate an inmate requires emergency medical care.

SPECIFIC PROCEDURES:

Sick Call Available For Non-Emergencies: Inmates experiencing medical and dental non-emergencies are provided with a sick call slip and encouraged to sign up for sick call. Officers will notify medical staff if an inmate states he is experiencing medical difficulties and is requesting immediate medical care, and inform them of the inmate's symptoms or complaint. Medical staff will evaluate the needs of the inmate and determine if the inmate should be seen immediately or wait for sick call.

First Aid During An Emergency: If an inmate is experiencing a medical or dental emergency or complains of symptoms that indicate an emergency, a detention officer will notify Detention Center medical staff immediately and administer first aid as necessary. Officers are required to administer first aid (including CPR) without unnecessary delay.

The Detention Center clinic is not equipped as a trauma emergency room. Inmates will not be escorted or transported to the Detention Center clinic without approval of the shift supervisor and knowledge of the Detention Center medical staff. When it involves a life threatening emergency, medical staff will respond to the scene of the incident.

Medical Staff Will Evaluate Medical and Dental Need: Medical staff will respond to any report of a medical or dental emergency within the Stanly County Detention Center, evaluate the situation and render appropriate aid. Under normal circumstances, medical staff will determine if local Emergency Medical Services provider should be requested.

Supervisors May Contact EMS: The Shift Supervisor has the authority to request the local Emergency Medical Services provider dispatched to the scene of any incident at any time if he / she feels that outside emergency medical services are necessary.

Master Control Will Notify EMS: Master Control will contact 9-1-1 by telephone or radio and request the local Emergency Medical Services provider. An officer will be assigned to stand by outside the facility until EMS arrives and to escort them to the medical emergency.

Officer(s) to Accompany Inmate to Medical Facility: Whenever an inmate is transported outside this facility, the Shift Supervisor will assign sufficient detention staff to assure the inmate's safety, security and custody.

An officer will remain with the inmate at all times and will maintain proper custody of the inmate.

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Inmates will be fully restrained at all times. Restraints should not be removed except by specific order of medical staff, and only if sufficient assistance is available to maintain secure custody of the inmate. If feasible, one type of hard restraint (handcuffs or leg restraints) should be maintained at all times. Officers will inform medical staff of the possible consequences of removing restraints from offenders, persons experiencing psychological emergencies, and inmates who pose an escape risk.

First Aid Kits: First responder kits, primarily for controlling excessive bleeding and protection of employees from blood borne diseases, will be placed in the storage area between the two housing POD's. The Shift Supervisor will assure that medical supplies are replaced after use.

Automatic External Defibrillator (AED): An AED is used to treat people during cardiac arrest. There is an AED located in the Sergeants Office and Initial training may be provided by Stanly County Emergency Services. If an inmate is unconscious with no pulse and no respirations, the AED should be connected immediately.

Notification of Detention Center Administrator: The Detention Center Administrator shall be notified if an inmate is transferred to the hospital in critical condition or with a serious injury occurring at the Detention Center. Notification shall be made by the Detention Center shift supervisor on duty.

Report(s) Required: The Shift Supervisor and all detention staff involved in an emergency shall submit an incident report to the Detention Center Administrator upon the conclusion of the shift. The incident report shall include all information on the incident.

Escorting Officer Will Document Medical Instructions: Escorting officer(s) accompanying an inmate for treatment shall document all verbal instructions, as well as written instructions and ensure the medical records are returned with the inmate from the hospital. These instructions will be followed and immediately forwarded to Detention Center Health Services.

No Fee for Emergency Medical Treatment: An inmate will not be charged a co-payment fee for emergency medical treatment.

Dental Care: The facility will provide for the medical supervision by a licensed dentist to be provided to inmates in need of emergency dental care treatment / services only.

- a. Should an officer detect or receive a dental complaint from an inmate that he / she is suffering from a dental ailment (e.g., severe swelling of the

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facial area or gums, broken or damaged teeth, severe pain), the officer will immediately contact the medical staff and explain the inmate's symptoms so that a determination can be made as to whether the inmate will need to be transported to the dental office for treatment / care.

- b. If for any reason, the dentist is not available to provide care for the inmate, the medical unit will contact a local physician instead.

PROCEDURES

Dental care services will be limited to emergency dental extractions only.

4.01- E Mental Health Care

POLICY STATEMENT:

The Stanly County Detention Center will provide treatment, services, and housing for inmates who display or have been diagnosed as having mental health problems. In such cases, mental health care will be provided on a reasonable and cost effective basis, consistent with the facilities that are available.

DEFINITIONS:

Mentally ill: refers to the condition of a person afflicted with mental disease to such an extent that he or she requires care and treatment for his or her own welfare or the welfare of others.

Intellectual Disabled: Refers to the condition of a person afflicted with substantial sub-average general intellectual functioning that is associated with impairment in adaptive behavior.

Mentally impaired inmate: refers to an inmate who is mentally ill or mentally retarded.

SPECIFIC PROCEDURES

Officers Will Ask Health Questions During Intake: Inmates committed to the Stanly County Detention Center shall be screened using the approved mental health questionnaire required by Ratified House Bill 1473 Section 10.49

f. 2007 and make observations during intake in an effort to identify mentally impaired inmates who may not adapt well to a detention setting or who may be imminently dangerous to themselves or others. Officers will make contact with Detention Center medical staff to seek a referral to the Local Mental Health

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Professionals when an inmate scores adversely on the screening instrument. Detention Center medical staff shall then make necessary notification to the Local Mental Health Provider. Officers will observe inmates throughout their incarceration in an effort to identify possible mental health problems. If an inmate presents an imminent danger to self or others, staff may take appropriate action to ensure the safety of inmates and staff (such as using restraints).

Inmates Given Daily Opportunity to Communicate Mental Health Needs: Inmates will have the opportunity each day to communicate mental health needs via the sick call request form or verbally to any officer or Detention Center Health Services staff. The nurse will review and follow up on sick call request forms. The complaints and action taken will be kept in a written form.

Routine Mental Health Treatment: Officers will respond to an inmate who has mental health complaints at any time and take appropriate action. If Detention Center Health Services are unavailable, the officer who receives the complaint will notify the Shift Supervisor who will evaluate the circumstances. If necessary, the Shift Supervisor will make immediate arrangements for medical treatment and evaluation.

Mental Health Screening: On admission, the intake staff will evaluate each inmate with regard to obvious signs of mental illness or retardation. When a staff member suspects an inmate is mentally impaired, they will contact Detention Center Health Services who will assess the situation and, if necessary, contact the on-call Medical Professional who will then determine necessary additional measures. Additional diagnostic tests or examinations may be ordered. Pending this review, an inmate demonstrating signs of serious mental illness may be housed in a holding cell, medical cell or transported to a more appropriate facility.

Examples of Acute Mental Illness: Officers should be alert to possible indicators of acute mental illness, including the following:

- a. Delusions of grandeur and / or persecution, with hallucinations or a constant attitude of suspicions and hostility;
- b. Intense anxiety or exaggerated levels of fear or panic in the absence of any danger;
- c. Inappropriate emotional responses, bizarre delusions or unpredictable, hollow giggling;
- d. Hallucinations such as hearing, seeing, tasting, or smelling something or someone that is not present at the moment;

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- e. Extreme depression, withdrawal, neglect of hygiene and appearance, refusal to eat or leave the cell for long periods of time, or periods of uncontrollable crying; and,
- f. Exaggerated mood swings from elation and over activity to depression and under activity or a combination or alternation of these.

Inmates exhibiting questionable behavior may be placed on mental health or suicide watch. Inmates exhibiting psychotic or dangerous behavior that appear to originate from mental illness will be referred to medical staff for further evaluation.

Crisis Intervention: When an inmate exhibits behavior that is suicidal, homicidal or otherwise extremely inappropriate, the staff should request medical assistance. As a result of this evaluation the inmate may be placed on a suicide watch. Under the condition of a suicide watch, inmates are placed on a program intended to reasonably protect the individual from self-destruction.

The on-duty nurse will evaluate the situation and, if necessary, contact the on-call physician or mid-level practitioner. Medical staff will make recommendations concerning the monitoring, observation and handling of the inmate. In no case will these recommendations override security considerations. Any question regarding potential conflicts between these medical recommendations and a possible compromise of security will be resolved by the Detention Center Administrator.

If a potential mental health crisis arises after regular operating hours or on weekends or holidays and it is not possible to immediately transfer an inmate to a regular mental health treatment facility, the Shift Supervisor will be notified. While awaiting medical assistance, the inmate may be held in a holding area closely observed by staff.

No Fee for Mental Health Treatment: An inmate will not be charged a co-payment fee for mental health treatment.

4.01- F: Substance and Chemical Abuse Care

POLICY STATEMENT:

The Stanly County Detention Center will provide treatment, services, and housing for inmates who display or have been diagnosed as having substance and/or chemical abuse problems. In such cases, care will be provided on a reasonable and cost effective basis, consistent with the facilities that are available.

SPECIFIC PROCEDURES:

Officer Will Screen Inmates Upon Intake: Inmates committed to the Stanly County Detention Center are questioned and observed during intake in efforts to identify persons who may be suffering from chemical abuse or substance abuse problems. Officers will observe inmates throughout their incarceration in an effort to identify possible problems.

Inmate Will Have an Opportunity to Communicate Needs Daily: Inmates will have the opportunity each day to communicate health needs via the sick call request form or verbally to any officer or Detention Center Health Services staff. The nurse will review and follow up on sick call request forms. Officers will carry out instructions received from Detention Center Health Services, The complaints and action taken will be kept in a written form.

Routine Mental Health Treatment: Officers will respond to an inmate who has mental health complaints at any time and take appropriate action. If Detention Center Health Services are unavailable, the officer who receives the complaint will notify the Shift Supervisor who will evaluate the circumstances. If necessary, the Shift Supervisor will make immediate arrangements for medical treatment and evaluation.

Substance and Chemical Abuse Screening: On admission, the intake staff will evaluate each inmate with regard to obvious signs of chemical and/or substance abuse problems. When a staff member suspects an inmate is a chemical and/or substance user, they will contact Detention Center Health Services who will assess the situation and, if necessary, contact the on-call physician who will then determine necessary additional measures. Additional diagnostic tests or examinations may be ordered. Pending this review, an inmate demonstrating signs of serious illness may be housed in a holding cell, designated medical housing or transported to a more appropriate facility.

Examples of Acute Chemical and / or Substance Abuse Illness: Officers should be alert to possible indicators of acute chemical or substance abuse illness, including the following:

- a. Unconsciousness or semi-consciousness;
- b. Serious drug or alcohol induced intoxication;
- c. Intense anxiety or exaggerated levels of fear or panic in the absence of any real or present danger;
- d. Hallucinations such as hearing, seeing, tasting, or smelling something or

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someone that is not present at the moment;

- e. Other signs or symptoms indicating the need for immediate medical care.

Inmates exhibiting questionable behavior may be placed on medical, mental health or suicide watch. Inmates exhibiting psychotic or dangerous behavior that appear to originate from chemical or substance abuse will be referred for evaluation.

Crisis Intervention: When an inmate exhibits behavior that is extremely inappropriate, the staff should request medical assistance. As a result of this evaluation the inmate may be placed on a special watch. Under the condition of a special watch, inmates are placed on a program intended to reasonably protect the individual.

The on-duty nurse will evaluate the situation and, if necessary, contact the on-call physician. Medical staff will make recommendations concerning the monitoring, observation and handling of the inmate. In no case will these recommendations override security considerations. Any question regarding potential conflicts between these medical recommendations and a possible compromise of security will be resolved by the Lieutenant or Detention Center Administrator.

If a potential chemical or substance abuse crisis arises after regular operating hours or on weekends or holidays and it is not possible to immediately transfer an inmate to a treatment facility, the Shift Supervisor will be notified. While awaiting medical assistance, the inmate may be held in the medical unit and closely observed by staff.

No Fee for Mental Health Treatment: An inmate will not be charged a co-payment fee for mental health treatment.

4.01- G: Administration and Control of Medications

POLICY STATEMENT:

A qualified health care professional will package the medications in a timely manner and in accordance with the orders issued by the prescribing physician or mid-level practitioner. Officers dispense the medication to the correct inmate as labeled on the medication packages.

SPECIFIC PROCEDURES:

Safe and Secure Storage of Prescription Medications: Medications will be stored in a secured area in the medical area where they will be inaccessible to inmates and detention staff. When necessary, the Detention Center physician may authorize an inmate to carry and possess certain medications while incarcerated. Inmates authorized to carry and possess medication within their own housing unit must carry written approval signed by Detention Center medical staff authorizing possession of the medication.

When prescription medications are being dispensed, all medications will be under the exclusive care and control of Detention Center medical staff and detention officers. Medication and/or unlocked medication carts will not be left unattended at any time.

Inmates Not Allowed To Administer or Dispense Medications: No inmate worker or other inmate will assist with or otherwise participate in dispensing or preparing to dispense inmate medications.

Receiving Inmates with Medications: The intake / booking officer will confiscate all prescription and over the counter medications from incoming inmates. The medication will be inventoried specifically as to name, quantity, and any other descriptive information. The receiving officer will deliver the medication to the medical staff who will contact the physician prescribing the medication or the pharmacist who prepared the medication to verify that the medication was intended for the inmate.

An inmate will not be allowed to possess non-prescription medications brought into the facility by the inmate without approval in writing by the Detention Center medical staff. This written approval will be maintained in the inmate's booking file. Otherwise, medication will be inventoried specifically as to name, quantity, and any other descriptive information, and stored with the inmate's property.

Detention Center Health Services Will Dispense Medications: Prescription medication will be dispensed at least two (2) times daily according to a schedule approved by the Detention Center medical staff. A Detention Officer will administer all medications to the inmate(s).

Before entering a housing unit, an officer will announce "Medication" to inmates housed in the unit.

Before administering medication, the Officer will identify the inmate by his / her identification wristband and the medication as belonging to the inmate. Medication will be dispensed in an orderly manner.

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The Detention Officer is responsible for maintaining order and for taking proper disciplinary action as the situation requires. Any inmate who acts in a disruptive or disorderly manner or who refuses to obey the proper orders is subject to disciplinary action.

Medication will be dispensed in accordance with orders from the prescribing physician or mid-level practitioner. Medication assigned to one inmate will not be dispensed to another inmate.

The inmate is required to take the medication immediately in the officer's presence. For oral medication, the officer will require the inmate to open his / her mouth and show that the medication has been taken. The officer will observe the inmate closely enough to ensure that the medication is being taken and applied correctly.

Special Rules for Dispensing Medication to Aggressive or Assaultive Inmates: If an inmate is known for aggressive or assaultive behavior, two officers will be present before the cell door is opened. One officer will order the inmate to turn around to face the rear of the cell, to extend his hands behind his back and to walk backwards toward the door. The inmate will be handcuffed behind his back before turning around to receive medication. The officer will positively identify the inmate by checking his wristband and will dispense the medication in accordance with physician's or mid-level practitioner's orders. If an aggressive or assaultive inmate is physically incapable of walking or being handcuffed behind his back, the officer will order the inmate to lay flat on the bed with his face and frontal body toward the rear wall and to remain in that position until approached from the rear by two officers. The officer will check the inmate's wristband and positively identify the inmate. If the medication is oral, the officer will provide it to the inmate. The inmate will remain on the bed facing the rear wall until the officers have retreated from the cell and closed the cell door.

Under special circumstances, officers may be justified in deviating from the procedures stated above if a safer method of delivering medication is available. An officer must be able to justify deviations from standard procedure.

Releasing Inmates with Medications: Upon notification by the detention staff an inmate is scheduled for release, the medical staff will prepare discharge planning instructions for those inmates with serious and / or chronic care conditions. Medical staff should provide the inmate with any referrals and / or community provider information the inmate may need upon his / her release. Documentation of such must be noted in the inmate's medical record.

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An inmate receiving prescription medication at the time of release will be provided (if needed) with a three (3) to five (5) day supply of the prescribed medication(s) upon release or transfer from custody. The inmate will sign an acknowledgement of receipt and understanding form provided by Detention Center Health Services, which will be filed in his inmate medical record. Certain controlled medications may be regulated and cannot be given to an inmate upon their release.

Medical staff will notify the Stanly County Health Department of the inmates release if the inmate has an infectious disease as may be required by public health laws.

4.01- H: Suicidal Inmates

POLICY STATEMENT:

Officers of the Stanly County Detention Center will be watchful for signs of suicide among inmates and will intervene directly, when possible, in suicide threats or actions. Inmates on suicide watch will be closely supervised. Officers and Detention Center Health Services staff will be trained to recognize the signs of a potentially suicidal inmate and to respond to their needs as required. Officers will screen, supervise and classify inmates in order to reduce the possibility of suicides.

DEFINITIONS:

Suicide: the act or an instance of a person voluntarily and intentionally taking his or her own life.

Self-destructive Behavior: The act of intentionally causing serious injury to oneself; (such as repeatedly striking their own head against a concrete wall or steel doors).

DISCUSSION:

For most individuals, incarceration is a traumatic experience. Consequently, some individuals taken into custody and confined in a Detention Center may exhibit some form of abnormal behavior.

Suicide attempts may take many forms, however the ultimate goal is to end one's own life. The actual attempt may be planned in advance or the result of an impulse. The inmate may appear normal one time and a few minutes later suicidal or self-destructive. Officers should watch for three basic modes of attempted suicide, as follows:

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- a. Suicide: The inmate wishing to take his own life performs the act.
- b. Homicide: The act is performed by a fellow inmate for a variety of reasons, with the knowledge and assistance of the suicidal inmate.
- c. Suicide by "COP": The suicidal inmate may try to set up a scenario or scheme where officers will be forced to use deadly force because of some action he (the inmate) instigates.

There is no recognized formula for successfully predicting suicide in or out of the Detention Center. Medical doctors, psychiatrists and psychologists also lose patients to suicide. The best professionals can do for the suicidal person is to attempt reasonable intervention. There are many ways to commit suicide. Some of the more common methods include hanging, self-strangulation or over-medication. Officers will use reasonable efforts to detect and intervene in suicide attempts.

SPECIFIC PROCEDURES:

Screening of Newly Admitted Inmates During Intake: All inmates will be screened during the booking process for their potential as a suicide risk. Detention Center Health Services staff will screen and evaluate each inmate for suicide during the health screening process. In addition to visual observations, Detention Center Health Services will verbally question the inmate to assess the physical, mental and emotional condition. If Detention Center Health Services are unable to complete an initial screening, the Booking Officer will record the answers given by the prisoner on the inmate's medical screening form to document the prisoner's medical condition. The inmate and the booking officer will sign the form acknowledging that the answers were those given by the inmate. A copy of the form will be placed in the inmate's medical file and followed up as deemed appropriate with mental health officials.

Officers Will Report Suicidal, Self-Destructive or Homicidal Behavior: When an inmate exhibits suicidal, self-destructive or homicidal behavior, the officer observing the behavior will notify his supervisor and Detention Center Health Services. The on-duty nurse will determine if additional support or evaluation is warranted. While awaiting medical assistance, the inmate may be held on suicide watch and observed by staff.

Once a medical or psychiatric evaluation is completed, the on-duty Shift Supervisor will be notified by the medical professional if changes in the normal watch procedure are required or recommended. The recommendations of the medical professional will be followed for the period indicated. Officers and detention staff will be alert to possible indicators of potentially suicidal inmates, by such things as:

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- a. Past history of suicide attempts;
- b. Observed behavior and verbal discussion of suicide during the admission process;
- c. Active discussion of suicide plans;
- d. Sudden drastic change in eating, sleeping, or other personal habits;
- e. Recent crisis in personal events, such as extended or life sentencing;
- f. Loss of interest in activities or relationships the inmate had previously engaged in.
- g. Depression, which might be revealed by crying, withdrawal, insomnia, variations in moods, and lethargy (abnormal drowsiness);
- h. Signs of serious mental health problems such as paranoid delusions or hallucinations;
- i. Giving away personal property;

4.01- I: HIV/AIDS (Acquired Immune Deficiency Syndrome)

POLICY STATEMENT:

It is the policy of the Stanly County Detention Center to provide medical evaluation and care to inmates suspected of having HIV or AIDS.

The Stanly County Detention Center will operate in a manner that protects the health, safety and welfare of officers and inmates. It will take all steps reasonably necessary to prevent the spread of HIV infection. Officers will receive training on its causes and transmission. This education will emphasize the use of universal safety precautions for preventing the spread of HIV and other blood borne infections. Detention staff will take special care to preserve and maintain the confidentiality of each inmate's HIV status.

DEFINITIONS:

The following definitions apply to this section, and are relevant to a basic understanding of the threat of AIDS and HIV in the Detention Center setting:

- a. AIDS (ACQUIRED IMMUNE DEFICIENCY SYNDROME): A diagnosed condition in which a progressive failure of the body's immune system

permits the contraction of infections and other diseases that causes either serious illness or death. The condition is caused by an infection with human immunodeficiency virus (HIV).

- b. **ASYMPTOMATIC:** A person is HIV positive but has none of the physical symptoms associated with HIV infection or AIDS.
- c. **BLOOD AND BODY FLUIDS:** Blood, semen, cervical secretions, saliva, urine, vomit, and breast milk. **HIV (HUMAN IMMUNODEFICIENCY VIRUS):** The virus can lead to AIDS.

HIV POSITIVE: The HIV test detects antibodies to HIV in a person's blood, which means that at some point the person has been exposed to HIV. A person who is HIV positive may not have any of the physical symptoms associated with AIDS, but he or she remains capable of transmitting the HIV virus to others.

HIV STATUS: The status of a person as either HIV positive or HIV negative. A person's HIV status is determined by HIV testing.

HIV TEST: A test or series of tests used to determine whether a person's blood contains antibodies specific to HIV. The presence of antibodies means that at some point the person has been exposed to HIV. The HIV test consists of an initial ELISA test and confirmation test called the Western Blot. In the event of a negative HIV test after a high risk exposure, it should be repeated at least twice at three-month intervals.

STD: Sexually Transmitted Diseases include, but are not limited to: HIV infection, gonorrhea, syphilis, Chlamydia, hepatitis B & C, etc.

SYMPTOMATIC: The person is HIV positive and have some of the physical symptoms associated with the disease. These symptoms may include recurrent fevers, fatigue, unexplained weight loss, night sweats, diarrhea and swollen glands.

UNIVERSAL PRECAUTIONS: An approach to Infection control to treat all human blood and body fluids as if they were known to be contagious which should be taken to prevent transmitting infections. These procedures include wearing gloves when coming into contact with or handling blood or body fluids. These precautions are necessary, with all persons since their status may not be known.

DISCUSSION:

AIDS or Acquired Immune Deficiency Syndrome is an illness caused by the Human Immunodeficiency Virus (HIV or AIDS virus). The HIV virus is transmitted through unprotected sexual activity with an infected person, inoculation with infected blood or blood products and from an infected woman to her fetus or infant during or after pregnancy. The HIV virus is not transmitted from casual contact, such as touching an infected person or from eating utensils or sharing toilet seats and showers.

SPECIFIC PROCEDURES:

Preliminary Health Screening Form During Intake

If the inmate indicates they are HIV positive, the Booking Officer will instruct the inmate to report the medical condition to Detention Center Health Services during the health screening. If the Booking Officer believes because of his own observations the inmate may have a communicable disease, the Booking Officer will confidentially notify Detention Center Health Services as soon as possible.

Symptoms of AIDS / HIV: Common symptoms of AIDS/HIV, although similar to many illnesses and infections, may include:

- a. Persistent tiredness
- b. Fever
- c. Weight loss
- d. Diarrhea
- e. Night sweats
- f. Swollen glands

Officers Will Hold HIV Information in Strict Confidence: The Booking officer must maintain the confidentiality of information about HIV obtained during the preliminary health screening. If an inmate discloses the fact that he or she is HIV positive, an officer may not tell another officer of the inmate's condition. This will violate G.S. 130A-143, and may also lead to civil liability for violating the inmate's constitutional right to privacy. It is unlawful to reveal to anyone other than medical staff that an inmate is HIV Positive.

Testing of Inmates for HIV Infection: Inmates will not be tested routinely for HIV infection. Although federal courts have allowed mandatory HIV testing for inmates, North Carolina law prohibits HIV testing without the person's informed consent or by court order. Therefore, except for certain exceptions in state law, inmates will not be tested without their permission.

The Detention Center Health Services physician or mid-level practitioner may request an HIV test for an inmate if, in the physician's or mid-level practitioner's

reasonable medical judgment, the test is necessary for the inmate's appropriate medical treatment. Still, the inmate cannot be tested without his or her informed consent. If the inmate consents to HIV testing, Detention Center Health Services will contact the Stanly County Health Department to perform the test. If the inmate refuses consent, the Detention Center physician or mid-level practitioner may obtain a court order to have the inmate tested.

Testing Following Significant Risk of Exposure: The majority of occupational exposures to HIV do not result in the transmission of the disease to the exposed person. The following procedures will govern the testing of an inmate if any person has been exposed to the inmate's blood or body fluid and the Detention Center physician determines that the exposure poses a significant risk of transmitting HIV:

- a. Spitting generally does not present a significant risk of transmission. If the Detention Center physician or mid-level practitioner knows the inmate's HIV status, he will release that information to the person exposed in accordance with procedures outlined below.
- b. If the Detention Center physician or mid-level practitioner does not know the inmate's status, he may contact the inmates attending physician (if he has one) to determine the inmate's HIV status.
- c. If the Detention Center physician or mid-level practitioner cannot determine the inmate's HIV status, he may cause the inmate to be tested as prescribed below.
- d. The Detention Center physician or mid-level practitioner will notify the exposed person about the inmate's HIV status.
- e. The Detention Center physician or mid-level practitioner will offer HIV testing as soon as possible to the exposed person and at reasonable intervals to determine whether there was a transmission of HIV. (This can also be done by the exposed person's personal physician.) Immediately after a high-risk exposure, physician consultation about the use of antiviral medications as a preventative measure should be considered.
- f. If the inmate was HIV infected, the Detention Center physician or mid-level practitioner will instruct the exposed person in the control measures.
- g. The Detention Center physician or mid-level practitioner will instruct the exposed person concerning the requirement of confidentiality of the inmate's HIV status.

Inmate Requests to be Tested for HIV: An inmate may request an HIV test through regular sick call procedures with Detention Center Health services. The inmate will be charged the medical co-payment under these circumstances unless the testing meets the parameters as set forth in the North Carolina Communicable Disease guidelines. The inmate will be provided appropriate pre-test counseling and notified of the results. If positive, the inmate will be provided appropriate post-test counseling by the Stanly County Health Department or referred to an infectious disease clinic. The counseling will be documented. The Stanly County Health Department will inform all known HIV infected inmates that they should follow North Carolina State mandated control measures.

The Stanly County Health Department may offer HIV / STD testing upon request to inmates upon request from time to time. Stanly County Health Department staff may visit the Stanly County Detention Center to provide testing and to educate inmates about HIV and STDs.

Reporting Requirements: Detention Center Health Services or the facility conducting the HIV testing are responsible for reporting communicable diseases to the local health department as required by state law.

Housing and Classification: The Booking Officer will consider relevant security factors in housing newly admitted inmates, including those inmates known to be HIV infected and asymptomatic.

- a. Inmates who are HIV infected and asymptomatic will not be segregated from the general inmate population or transferred to other correctional facilities solely because of their HIV status.
- b. Inmates who are HIV infected and asymptomatic may be placed into administrative segregation when necessary to protect an inmate from assaults by other inmates.
- c. Inmates who are HIV infected, asymptomatic and are violent, sexually active or who engage in other high-risk behavior will be placed in administrative segregation or transferred to another correctional facility as soon as possible, pursuant to a court order authorizing transfer. Pending transfer, the inmate will be placed in medical segregation immediately.
- d. Detention Center Health Services staff may order an HIV infected inmate who is asymptomatic to be placed in medical segregation if they determine that such placement is necessary for the inmate's medical treatment.

Inmates who are HIV infected and symptomatic will be placed in medical segregation.

- a. Symptomatic HIV infected inmates may be transferred to another more appropriate facility upon recommendation of the Detention Center Medical services or Detention Staff.
- b. HIV-infected inmates who have been recommended for transfer will be placed into medical segregation immediately pending transfer.
- c. HIV-infected inmates in administrative or medical segregation will have reasonable access to all privileges available to other inmates including attorney visits, chaplain visits, commissary, social visitation, mail privileges and other programs or services.

Exposure to Body Fluids or Blood: The following are not normally considered exposures to the HIV virus:

- a. Being in the same room with an HIV infected person;
- b. Talking to or touching an HIV infected person with protection; and
- c. Sharing bathrooms or eating together in the same room.
- d. An officer or inmate who has been exposed to blood or body fluids of an inmate will wash the exposed area with soap and water as soon as possible after the exposure. Outer garments should be removed in as close proximity to the exposure site as possible, handled as least as possible and placed in a Biohazard bag. (Please see Blood borne Pathogen policy for more information on this procedure.)
- e. An officer or inmate who has been exposed to the blood or body fluids of any inmate will be encouraged to consult with Detention Center Health Services immediately for an evaluation of the exposure. Documentation of this action, including date and time.
- f. Any other person exposed to blood or body fluids of an inmate will be encouraged to consult with their private physician, an emergency room, or urgent care immediately and document the action taken including date and time.

Reports Required: An officer will complete a Detention Center incident report within twenty-four (24) hours after being exposed to any blood or body fluids, outlining the facts and circumstances of the incident. This report will be

forwarded to the Detention Center Administrator through the chain of command.

The Designated Officer for our agency will be notified to assist the officer in any way possible. An officer will complete a worker's compensation report within 24 hours of the incident. If the Officer is not physically able to complete the report, his supervisor will complete the report. The reports will be stored in a confidential manner and only available to personnel who have a legitimate need to review them.

Medical Referrals: Detention Center Health Services will refer officers and / or inmates to the proper health care agency for testing and/or counseling if it has been determined that the exposure poses a significant risk of contracting HIV. If the Detention Center Health Services staff determines that the exposure provides no significant risk, the officer or inmate may seek medical care at their own personal expense. Officer(s) and / or inmate(s) involved in a significant exposure incident will be required to follow the procedure outlined in Public Health Code IOA NCAC 41A.0202 (4) (a) (b) (c) which is as follows:

- a. When health care workers or other persons have a needle stick or nonsexual, nonimpact skin or mucous membrane exposure to blood or body fluids that, if the source were infected with HIV, would pose a significant risk of HIV transmission, the following shall apply:
- b. When the source person is known: The attending physician or occupational health care provider responsible for the exposed person, if other than the attending physician of the person whose blood or body fluids is the source of the exposure, shall notify the attending physician of the source that an exposure has occurred.
- c. The attending physician of the source person shall discuss the exposure with the source and shall test the source for HIV infection unless the source is already known to be infected.
- d. The attending physician of the exposed person shall be notified of the infection status of the source.
- e. The attending physician of the exposed person shall inform the exposed person about the infection status of the source, offer testing for HIV infection as soon as possible after exposure and at reasonable intervals up to one year to determine whether transmission occurred, and, if the source person was HIV infected, give the exposed person the control measures listed in Sub-Items (a) through (c) of this Rule.
- f. The attending physician of the exposed person shall instruct the exposed

person regarding the necessity for protecting confidentiality. When the source person is unknown, the attending physician of the exposed persons shall inform the exposed person of the risk of transmission and offer testing for HIV infection as soon as possible after exposure and at reasonable intervals up to one year to determine whether transmission occurred.

- g. The results will not be reported to any member of the agency. A health care facility may release the name of the attending physician of a source person upon request of the attending physician of an exposed person."

Detention for Communicable Diseases: In accordance with N.C.G.S. 15A-534.3, if a judicial official conducting an initial appearance or first appearance hearing finds probable cause that an individual was exposed to the defendant in a manner that poses a significant risk of transmission of the AIDS virus or Hepatitis B, the judicial official shall order the defendant to be detained for a reasonable period of time, not to exceed 24 hours, for investigation and testing by public health officials pursuant to G.S. 130A-144 and G.S. 130A-148. (1989, c. 499.) N.C.G.S. 15A-534.3 requires judicial officials to order a defendant detained if there is probable cause to believe that the defendant exposed a person to "a significant risk of transmission of HIV."

The purpose of the detention is to provide time for public health officials to conduct an investigation and for HIV or Hepatitis B testing if required by them. Judicial officials do not have the authority to order HIV or Hepatitis B testing, but only to detain the individual for investigation by public health officials who will determine if testing is required.

Detention Center Health Services staff will notify officials at the Stanly County Health Department if a defendant is being detained for evaluation and possible testing for HIV or Hepatitis B.

- A. Since the detention is for 24 hours maximum, the Detention Center Health Services staff should notify the Stanly County Health Department Officials as soon as possible.
- B. Public Health Officials will have reasonable access to the defendant upon their request.
- C. The defendant will be released after 24 hours whether the Health Department has responded to the notification or not.

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Detention Center Health Services staff and Detention staff will refer all questions concerning a defendant's medical status to the Stanly County Health Department.

Confidentiality of AIDS Information: In accordance with North Carolina law, all information and records, especially medical records that identify an inmate as HIV/Hepatitis B infected, will be strictly confidential. Federal courts have recognized an inmate's right to privacy with regards to the disclosure of sensitive medical information.

The unauthorized release of information about an inmate's HIV status will result in disciplinary action.

Detention Center Health Services Release of Inmate's HIV Status: Under the following circumstances, Detention Center Health Services staff is permitted to release an inmate's HIV status:

- a. Release is made to health care personnel who are providing medical care to the inmate.
- b. Release is made with the inmate's written consent or the written consent of the inmate's guardian.
- c. Release is made pursuant to a subpoena or court order.
- d. Release is otherwise authorized by G.S. 130A-143 or by regulations adopted by the Commission for Public Health.

Detention Center Health Services will release an inmate's HIV status to the Director of Health Services for the Division of Prisons and the prison facility administrator when an inmate is transferred to the Department of Corrections.

Staff Work Assignments: There is not a high risk of transmitting or receiving the HIV virus through normal contact in the workplace if personal protective safety equipment and universal safety precautions are followed. In general, Detention staff will not be excused from working with and directly supervising *HIV* infected inmates.

Officers who are pregnant or have reason to believe they may be pregnant may be excused from working with HIV-infected inmates if their personal physician states in writing that exposure to those inmates could increase complications for the pregnancy.

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- a. HIV-infected inmates who are symptomatic sometimes carry a virus (cytomegalovirus) that may cause birth defects if transmitted to a pregnant staff member.
- b. The risk is infection with cytomegalovirus, not HIV.

Any officer or employee who refuses to perform assigned duties simply because they must come into contact with an HIV-infected inmate is subject to disciplinary action.

Inmate Participation in Programs: HIV positive inmates have the same access to facility programs and services as other inmates. These inmates have the same visitation and recreational privileges as other inmates housed in the same housing unit under the same classification level.

Detention staff will give consideration to all inmates, including HIV positive inmates, when making work assignments or reviewing inmates for Inmate Worker status. Candidates for inmate worker will be reviewed on a case-by-case basis under set requirements. An HIV positive inmate may not be refused Inmate Worker status based solely on his medical condition. However, *HIV* positive inmates may be refused if the basis for the refusal is unreasonable fear among other inmates or other legitimate penological concerns.

HIV infected inmates may be denied access to facility programs or services if the Detention Center physician determines that such restrictions are necessary to protect the inmate's health or the health of others.

Safety Equipment: The Stanly County Detention Center will make the following personal protective equipment available for use by Detention staff:

- a. Disposable latex or nylon gloves;
- b. Pocket Masks with one-way valves for CPR and / or Ambu-Bags;
- c. Coveralls, shoe covers and protective eyewear;
- d. Puncture-resistant containers for holding sharp objects;
- e. Disposable paper towels, cleaning supplies and Plastic bags labeled as containers for bio-hazardous waste.

Universal Safety Precautions:

Officers will wear disposable gloves whenever they come in contact with blood or body fluids or whenever they reasonably expect to come into contact with blood or body fluids, Once an officer's gloves have been used, they will be thrown away immediately before any other task is performed.

Officers will wear disposable gloves whenever they engage in the following activities:

- a. Conducting cell searches;
- b. Conducting searches of inmates;
- c. Handling disruptive inmates, (Whenever possible)
- d. Any other activity likely to result in exposure to blood and body fluids.

Officers will wear other personal protective equipment (PPE) such as surgical masks or goggles when they reasonably expect to come into contact with spurting or splashing blood, if they have time under the circumstances.

Officers who come into contact with blood or body fluids will wash the affected area thoroughly with warm water and soap as soon as possible after the contact. Officers will wash their hands even if they were wearing gloves and the gloves appear to be intact.

Officers will exercise caution to avoid cuts or punctures with sharp objects including knives, razors, and hypodermic needles.

- a. Officers searching cells shall avoid putting their hands into places they cannot visually inspect. Flashlights and mirrors will be used to assist in searching such places.
- b. Sharp objects will be placed into a puncture resistant container for storage and disposal.

Officers will protect against possible infection by covering cuts, open sores, or breaks in their skin with water-resistant bandages.

Officers will place all contaminated clothing, bedding, or other items that may be cleaned and reused in plastic bags that are marked clearly as contaminated materials (bio-hazard). Normal laundry and dry cleaning procedures are adequate to decontaminate clothing, bedding, and other washable items. Contaminated clothing will be washed at the Detention Center.

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Employees are prohibited from taking contaminated clothing home to be washed. Officers will wear utility gloves and use a disinfectant solution when cleaning areas or surfaces contaminated with blood and / or body fluids.

- a. 1:100 solutions of household bleach and water may be used for cleaning objects or areas contaminated with blood or body fluids.
- b. The mixed bleach and water solution may only be stored for a maximum of 24 hours before it loses its strength.
- c. A hospital grade disinfectant or sanitizing solution may be substituted for bleach and water.

All contaminated items intended for disposal will be placed in plastic bags and clearly marked as bio-hazardous materials with the following exceptions:

- a. Sharp objects will be placed in a puncture-resistant container for storage and disposal.
- b. All contaminated trash and sharp containers will be properly marked to identify the contents and be placed in the designated "Bio-Hazardous Storage Room"; for pickup by the designated company.
- c. Mattresses shall be sanitized with a sanitizing solution or a hospital grade disinfectant as required by state standards.

Contaminated disposable materials will be treated as infectious waste and disposed of in Bio Waste containers.

CPR and First Aid: Detention Center Health Services staff and/or officers will provide first aid treatment and, if qualified, administer CPR to inmates during a medical emergency as necessary.

If CPR is required, those involved should use an Ambu-bag or a pocket mask with a one-way valve whenever possible. These devices reduce the risk of transmitting all infectious diseases. Contact with saliva during CPR does not present a significant risk of transmitting HIV.

Refusal by detention staff to provide emergency care, including CPR, to an inmate may result in disciplinary action.

Employee Training: The Stanly County Sheriff's Office and Detention Center will provide new employees Blood borne Pathogen policy training within ten (10) days of beginning work, normally on the first day of work during the Stanly

County Detention Center Orientation.

This training will familiarize the officer with their legal responsibilities and the operationally procedures of the Stanly County Detention Center as they relate to AIDS and other communicable diseases.

Within one year of appointment, officers are required to successfully complete the NC. Detention Officer Certification Course (DOCC) that includes legal responsibilities and procedures for handling inmates with AIDS and other communicable diseases. Officers will receive periodic training containing current information concerning HIV and other communicable diseases.

4.01- J: Other Chronic Illnesses and Communicable Diseases

POLICY STATEMENT:

The Stanly County Detention Center will take reasonable steps to prevent the spread of communicable diseases and will provide medical evaluation and care to inmates suspected of having a communicable disease. Inmates with a known communicable disease will be isolated if it is reasonably necessary to protect the inmate's health or the health of others. The Stanly County Sheriff's Office and Detention Center will provide officers training on the causes and methods of transmission of various communicable diseases. This education will emphasize the use of universal safety precautions for preventing the spread of such diseases. The Stanly County Detention Center will take special care to preserve the confidentiality of information about communicable diseases.

DISCUSSION:

North Carolina General Statute (N.C.G.S.) 153A-225(a) (3) requires the Detention Center medical plan to "provide for the detection, examination and treatment of prisoners who are infected with tuberculosis or venereal diseases." N.C.G.S. 153A-225(a) (1) requires the medical plan to address "avoiding the spread of contagious diseases," which in many cases will mean the separation of infected inmates.

North Carolina State Detention Center Standards IOA NCAC 14J .1001(b) (3) requires the medical plan to address the handling of inmates with known communicable diseases.

IOA NCAC 14J .1003 requires each Detention Center to "separate inmates who require medical isolation from other inmates either by housing them in a separate

area of the detention center or by transferring them to another facility." Federal law, state law and public health regulations must be obeyed.

SPECIFIC PROCEDURES:

Preliminary Health Screening Form During Intake: If the inmate indicates they have a communicable disease, the Booking Officer will instruct the inmate to report the medical condition to Detention Center Health Services during the health screening. If the Booking Officer believes because of his own observations the inmate may have a communicable disease, the Booking Officer will confidentially notify Detention Center Health Services as soon as possible.

Inmate Requests to be Tested for Communicable Diseases: An inmate may request a communicable disease test through regular sick call procedures with Detention Center Health services. The inmate will be charged the medical co-payment under these circumstances. The inmates will be notified of the results and, if positive, the inmate will be provided appropriate post-test counseling by Detention Center Health Services. The counseling will be documented. Detention Center Health Services will inform all known infected inmates that they should follow NC state mandated control measures.

The Stanly County Health Department offers HIV / STD testing to inmates and the public. Health department staff may visit the Stanly County Detention Center to provide free testing and to educate inmates about HIV and STDs.

Confidentiality Requirements: The Booking officer must maintain the confidentiality of information about an inmate's medical status obtained during the preliminary health screening. Any information and records, especially medical records that might identify an inmate as having a communicable disease, will be kept strictly confidential. If an inmate discloses the fact that he or she has a communicable disease, an officer will not tell another officer of the inmate's condition. This will violate N.C.G.S. 130A-143, and may also lead to civil liability for violating the inmate's constitutional right to privacy. Public health regulations authorize a local Health Department Director to notify the Sheriff if an inmate has certain communicable diseases. (This does not apply to HIV infection and AIDS.) The unauthorized release of information about an inmate's medical status may result in disciplinary action.

Reporting Communicable Diseases to Public Health Officials

Housing and Classification for Inmate Suspected of Having Communicable

Disease: Detention Center Health Services or the facility conducting the testing is responsible for reporting communicable diseases as required by state law.

The Booking Officer will consider relevant security factors in housing newly admitted inmates, including those inmates with a communicable disease:

- a. Inmates who are infected with a communicable disease but asymptomatic may be placed into medical segregation when necessary to protect or promote their health or the health of others. Detention Center Health Services will determine if an inmate should be segregated.
- b. Inmates who are infected with a communicable disease but are asymptomatic may be placed in administrative segregation when necessary to protect an inmate from assaults by other inmates.
- c. Inmates with a communicable disease who are symptomatic or contagious will be housed in medical segregation or transferred to another facility.
- d. Inmates with a communicable disease in administrative or medical segregation will have reasonable access to all privileges available to other inmates including attorney visits, chaplain visits, commissary, social visitation, mail privileges and other programs or services.

Exposure to Body Fluids or Blood: An officer or inmate who has been exposed to blood or body fluids of an inmate will wash the exposed area with soap and water as soon as possible after the exposure. Outer garments should be removed in as close proximity to the exposure site as possible, handled as little as possible and placed in a Biohazard bag. (Please see Blood borne Pathogen policy for more information on this procedure.)

- a. An officer or inmate who has been exposed to the blood or body fluids of any inmate will be encouraged to consult with Detention Center Health Services immediately for an evaluation of the exposure. Documentation of this action, including date and time, should occur.
- b. Any other person exposed to blood or body fluids of an inmate will be encouraged to consult with their private physician, an emergency room, or urgent care immediately. Documentation of this action, including date and

time, should occur.

Report(s) Required: An officer will complete a Detention Center incident report within twenty-four (24) hours after being exposed to any blood or body fluids, outlining the facts and circumstances of the incident. This report will be forwarded to the Detention Center Administrator by chain of command. The Designated Officer for our agency will be notified to assist the officer in any way possible.

An officer will complete a worker's compensation report within 24 hours of the incident. An officer is not physically able to complete the report; his supervisor will complete the report.

The reports will be stored in a confidential manner and only available to personnel who have a legitimate need to review them.

Medical Referrals: Detention Center Health Services will refer officers and/or inmates to the proper health care agency for testing and / or counseling if it has been determined that the exposure poses a significant risk of contracting HIV.

- A. If Detention Center Health Services staff determines that the exposure provides no significant risk, the officer or inmate may seek a second opinion at their own personal expense.
- B. Officer(s) and / or inmate(s) involved in a significant exposure incident will be required to follow the procedure outlined in Public Health Code IOA NCAC 41A.0202 (4) (a) (b) (c) which is as follows:

When health care workers or other persons have a needle stick or nonsexual skin or mucous membrane exposure to blood or body fluids that, if the source were infected with HIV, would pose a significant risk of HIV transmission, the following shall apply:

- C. When the source person is known:
 - 1. The attending physician or occupational health care provider responsible for the exposed person, if other than the attending physician of the person whose blood or body fluids is the source of the exposure, shall notify the attending physician of the source that an exposure has occurred.

2. The attending physician of the source person shall discuss the exposure with the source and shall test the source for HIV infection unless the source is already known to be infected.
3. The attending physician of the exposed person shall be notified of the infection status of the source.
4. The attending physician of the exposed person shall inform the exposed person about the infection status of the source, offer testing for HIV infection as soon as possible after exposure and at reasonable intervals up to one year to determine whether transmission occurred, and, if the source person was HIV infected, give the exposed person the control measures listed in Sub-Items (a) through (c) of this Rule.
5. The attending physician of the exposed person shall instruct the exposed person regarding the necessity for protecting confidentiality. When the source person is unknown, the attending physician of the exposed persons shall inform the exposed person of the risk of transmission and offer testing for HIV infection as soon as possible after exposure and at reasonable intervals up to one year to determine whether transmission occurred.
6. A health care facility may release the name of the attending physician of a source person upon request of the attending physician of an exposed person.
7. The results will not be reported to any member of the agency.

Detention for Communicable Diseases:

In accordance with N.C.G.S. 15A-534.3, if a judicial official conducting an initial appearance or first appearance hearing finds probable cause that an individual was exposed to the defendant in a manner that poses a significant risk of transmission of the AIDS virus or Hepatitis B, the judicial official shall order the defendant to be detained for a reasonable period of time, not to exceed 24 hours, for investigation and testing by public health officials pursuant to G.S. 130A-144 and G.S. 130A-148. (1989, c. 499.) N.C.G.S. 15A-534.3 requires judicial officials to order a defendant detained if there is probable cause to believe that the defendant exposed a person to "a significant risk of transmission of HIV."

The purpose of the detention is to provide time for public health officials to conduct an investigation and for HIV or Hepatitis B testing if required by them.

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Judicial officials do not have the authority to order HIV or Hepatitis B testing, but only to detain the individual for investigation by public health officials who will determine if testing is required.

Detention Center Health Services staff will notify Stanly County Health Department officials if a defendant is being detained for evaluation and possible testing for HIV or Hepatitis B.

- a. Since the detention is for 24 hours maximum, Detention Center Health Services staff should notify health department officials as soon as possible.
- b. Public health officials will have reasonable access to the defendant upon their request.
- c. The defendant will be released after 24 hours whether the health department has responded to the notification or not.

Detention Center Health Services staff and Detention staff will refer all questions concerning a defendant's medical status to the Stanly County Health Department.

Detention Center Health Services Release of Inmate's Communicable Disease Status: Under the following circumstances, Detention Center Health Services staff is permitted to release an inmate's communicable disease status:

- a. Release is made to health care personnel who are providing medical care to the inmate.
- b. Release is made with the inmate's written consent or the written consent of the inmate's guardian.
- c. Release is made pursuant to a subpoena or court order.
- d. Release is otherwise authorized by G.S. 130A-143 or by regulations adopted by the Commission for Public Health.

Detention Center Health Services will release an inmate's HIV status to the Director of Health Services for the Division of Prisons and the prison facility administrator when an inmate is transferred to the Department of Corrections.

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Cleaning Cells: If physically able, all inmates will be responsible for routine cleaning of their own cells, according to standard procedure. If the inmate is unable to clean his own cell, the cell will be cleaned by an inmate under the supervision of an officer.

When an inmate leaves the Detention Center, the cell and its furnishings, including both sides of the mattress, will be cleaned according to standard procedures and disinfected with a bleach solution (1 part bleach to 9 parts disinfectant water). Inmates will wear gloves for these cleaning procedures.

Laundry: If clothing or linens are contaminated with blood or other body fluids, those items may be placed in special water-soluble bags for laundering or disposed of in accordance with local or state health regulations. Clothing or facility linens that have not been contaminated will be laundered according to usual laundry procedures. Inmates assigned to the laundry will wear gloves when handling all unwashed laundry.

Uniforms that have become contaminated with blood or body fluids will be removed and cleaned as soon as possible. The Detention Center laundry will launder all contaminated clothing. Officers will not take contaminated clothing home to be washed. If skin under the uniform has been contaminated, it should be washed thoroughly. Blood and body fluids on clothing and unbroken skin are not normally considered to be an exposure to HIV.

CPR and First Aid: Detention Center Health Services staff and/or officers will provide first aid treatment and administer CPR to inmates during a medical emergency as necessary. If CPR is required, those involved should use an Ambu-bag or a pocket mask with a one-way valve whenever possible. These devices reduce the risk of transmitting all infectious diseases. Contact with saliva during CPR does not present a significant risk of transmitting HIV.

Refusal by Detention staff to provide emergency care, including CPR, to an inmate may result in disciplinary action.

Employee Training: Within one year of appointment, officers are required to successfully complete the N.C. Detention Officer Certification Course (DOCC) that includes legal responsibilities and procedures for handling inmates with communicable diseases.

The Stanly County Sheriff's Office and Detention Center will provide officers with Blood borne Pathogen and Airborne Pathogen training within ten (10) days of

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beginning work, normally on the first day of work during the Stanly County Detention Center Orientation. This training will familiarize the officer with their legal responsibilities and the operational procedures of the Stanly County Detention Center as they relate to communicable diseases.

Officers will receive periodic training containing current information concerning *HIV* and other communicable diseases.

4.01- K: Confidentiality of Medical Records

POLICY STATEMENT:

The medical records of inmates at the Stanly County Detention Center will be kept confidential as required by law. The records will be stored securely and maintained separately from confinement records, and access to medical records will be controlled and limited. These records will be stored and maintained by Detention Center Health Services in the medical office. When the medical records are not in active use, they will be filed in a manner inaccessible to unauthorized personnel.

DISCUSSION:

NC State Detention Center Standards IOA NCAC 14J .1001(b) (6) provides "the medical plan for each Detention Center must address the maintenance and confidentiality of medical records." NC State Detention Center Standards IOA NCAC 14J .0101(25) defines a "medical record" as "a record of medical problems, examinations, diagnosis and treatments." NC State Detention Center Standards IOA NCAC 14J .1002 says that health screening forms "shall be reviewed for the presence of confidential information which cannot be made available to jail officers.

SPECIFIC PROCEDURES:

Contents of Medical Records: A medical record (file) will be created for an inmate whenever the inmate is evaluated or treated by a healthcare professional. Medical records include, but are not necessarily limited to, the following:

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- a. Copy of a completed health screening form
- b. Medical findings, evaluations, treatments, medications and dispositions
- c. Completed records of administered medications
- d. Reports of laboratory, X-ray, and diagnostic studies
- e. Progress notes
- f. Consent and refusal forms
- g. Release of information forms
- h. Discharge summary of hospitalizations
- i. Special treatment plans, including prescribed diet
- j. Place, date and time of each encounter with a medical professional
- k. The legible signature and title of each document

Repository of Medical Records: The medical records of inmates will be kept confidential, and they will be stored separately from their confinement records. Detention Center Health Services staff will maintain strict control of all inmate medical records. When not in active use, the medical records of inmates will be stored in a locked file cabinet in the medical clinic. Detention Center Health Services staff shall have access and control of the records and ensure confidentiality as required by law.

N.C.G.S. 153A-222 allows Detention Center inspectors with the North Carolina Detention Center and Detention Division to examine an inmate's medical record unless the inmate objects in writing. The inmate must be informed in writing of his right to object before an inspector can examine the record. If the inmate objects in writing, the inspector(s) will not be allowed to view the inmate's confidential medical record.

Transfer / Release of Inmates with Medications: An inmate receiving prescription medication at the time of release will be provided (if needed) with a three (3) to five (5) day supply of the prescribed medication(s) upon release or transfer from custody. The inmate will sign an acknowledgement of receipt and understanding form, provided by Detention Center Health Services, which will be filed in his inmate medical record. Certain controlled medications may be regulated and cannot be given to an inmate upon release. If the prescription medication is unavailable or regulated, a prescription will be provided so it can be filled at a pharmacy.

Transfer of Inmate Medical Record: If an inmate is transferred to a county or regional detention facility in North Carolina, Detention Center Health Services will provide the transporting officer with copies of the inmate's medical records to deliver to the receiving detention facility. Treating health care providers may share confidential medical information to ensure continuity of medical care.

Transfer of Known HIV-Infected Inmate To The NC Department of Corrections: If a known HIV-infected inmate is transferred to the NC Department of Corrections, Detention Center Health Services will notify the Director of Health Services for the Division of Prisons and the prison facility administrator of the inmate's HIV status.

Retention of Inmate Medical Records;

The medical records of an inmate will be retained for 5 (five) years after the inmate's last release.

4.01- L: Privacy During Medical Examinations

POLICY STATEMENT:

It is the policy of the Stanly County Detention Center to conduct medical examinations and interviews in a confidential and private setting. Safety and security will not be jeopardized at any time.

SPECIFIC PROCEDURES:

Inmate Privacy: Inmates will be provided with a confidential and private setting while being examined, treated or interviewed by Detention Center Health Services staff or other medical staff. Officers will provide sufficient privacy during the exam or interview so the inmate will feel free to discuss any medical problem. Safety and security will remain the first priority and will not be jeopardized at any time.

4.01- M: Medical Co-Payments

POLICY STATEMENT:

Inmates receiving self-initiated non-emergency medical care, including dental care, will be assessed a \$10.00 co-payment for each service or visit. This fee will be charged against the inmate's trust fund account. No inmate will be denied medical care, including dental and mental health care, because of an inability to

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pay. No co-payment fee will be assessed for emergency care, substance abuse treatment, mental health care, pre-natal care, and laboratory tests ordered by medical staff, medications, routine physicals or follow-up visits.

DEFINITIONS

A *medical emergency* is any medical event requiring immediate medical intervention including, but not limited to: unconsciousness or semi-consciousness, breathing difficulties and shortness of breath, chest pain, uncontrolled bleeding, head injury, broken bones, lacerations, uncontrolled pain, severe swelling, mouth or dental injury, severe alcohol or drug-induced intoxication, suicidal or self-destructive behavior, disorientation, exaggerated mood swings, delusions or hallucinations (auditory, visual, tactile, etc.) intense fear, depression, anxiety or panic, and/or any other symptoms or complaints that indicates an inmate requires immediate medical care.

A *medical non-emergency* is any medical event that does not require immediate medical intervention including, but not limited to, minor aches and pains, insomnia, minor injuries or cuts, non-serious bleeding, skin disorders, mild to moderate depression or anxiety, and/or any other symptoms or complaints that do not indicate an inmate requires emergency medical care.

SPECIFIC PROCEDURES

Inmate Medical Co-pay: Inmates will be notified of the medical co-payment fee in one or more of the following ways:

- a. Inmates will be informed of the co-payment fee during the booking process and will acknowledge receiving this information by signing a form or;
- b. Inmates will receive a copy of the Stanly County Detention Center Inmate Handbook. It will contain a notice concerning the co-payment fee or;
- c. Inmates will be informed of the co-payment fee by Detention Center Health Services staff during the initial intake screening interview or;
- d. Signs will be posted in the intake area, screening office, dental office and in the clinic informing inmates of the medical co-payment fee or;
- e. Sick call slips will include a notice informing inmates of a co-payment fee for non-emergency care or;
- f. If an inmate obtains medical care and is assessed a co-payment fee, the

inmate will receive a printed receipt once the co-payment is deducted.

Unless there is some compelling evidence to believe otherwise, medical staff and officers may presume that all inmates are aware of the medical co-payment fee.

Indigent Inmates Will Not Be Denied Medical Care: No inmate will be denied medical care because they cannot afford a co-payment. Indigent inmates will be provided emergency and non-emergency medical services, including mental health and dental services, without regard to the ability to pay.

No Co-Payment Will Be Charged for Free Services: No co-payment fee will be assessed for the following medical services:

- a. Initial intake health screening;
- b. Tuberculosis tests;
- c. Over-the-counter or prescription medicine dispensed by the Detention Center Health Services;
- d. Pre-existing condition follow-ups;
- e. Emergency care (medical, mental health or dental);
- f. Mental health services;
- g. Dental follow-up services;
- h. Substance abuse treatment;
- i. Medical equipment or supplies prescribed by the Detention Center Health Services;
- j. Pre-natal care;
- k. Laboratory tests ordered by the Detention Center Health Services;
- l. A physical exam after fourteen (14) consecutive days of confinement;
- m. Any physical examination or test required for inmate worker status;
- n. Any inmate work-related injury; or
- o. Medical services (including dental services) referred by Detention Center Health Services staff to another professional health care provider outside of the Stanly County Detention Center.

Self-Initiated Non-Emergency Medical Services Requiring Co-Payment Fee: Co-payment fees will be assessed for self-initiated, non-emergency medical care and dental care, including sick call interviews or treatments provided by a nurse. If the inmate is escorted to the clinic and refuses medical services for any reason, the inmate will be assessed a co-payment fee. An inmate will not be assessed a medical fee if he submits a sick call slip and later refuses to attend sick call.

Detention Center Health Services Will Determine Payment of Fee: Detention Center Health Services staff will evaluate each situation on a case-by-case basis and will determine if an inmate will be assessed a co-payment fee. No fee will be assessed for any emergency or free service. (See above.) Inmates may register

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complaints through the inmate grievance system.

No fee will be assessed until services have been rendered. Detention Center Health Services staff will notify the Detention Center Administrative Assistant or his designee who will deduct co-payment fees from the inmate's trust fund account. The account will be debited even if there are insufficient funds to pay the co-payment fee. An inmate may run a negative balance for co-payment fees. If funds are deposited into the account at a later time or during a subsequent incarceration, the co-payment fee will be recovered. The inmate will receive a printed receipt to show the deduction.

4.01- N: Exercise

POLICY STATEMENT:

It is the policy of the Stanly County Detention Center to provide exercise pursuant to 10A NCAC 14J .1004.

SPECIFIC PROCEDURES:

Exercise: Pursuant to 10A NCAC 14J .1004, after the fourteenth (14) consecutive day of confinement, each inmate shall be provided opportunities for physical exercise at least three days weekly for a period of one hour each of the days. Physical exercise shall take place either in the confinement unit if it provides adequate space or in a separate area of the Detention Center that provides adequate space. The opportunity for physical exercise shall be documented.

4.01- O: Care of Pregnant Inmates

POLICY STATEMENT:

Any female inmate incarcerated in the Stanly County Detention Center diagnosed as being pregnant will receive prenatal care.

SPECIFIC PROCEDURES:

- a. Any female inmate identified and confirmed to be pregnant will be referred the Stanly County Health Department at the twelfth week of pregnancy;
- b. The Stanly County Health Department can provide obstetric services including regular prenatal care, exams, active level advice, safety precautions, nutrition guidance and counseling;
- c. The inmate will be prescribed prenatal vitamins while incarcerated, and

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applicable laboratory and diagnostic testing;

- d. Stanly County Detention Center Medical staff will document previous health history and other births. Outside specialty clinic visits will also be documented and noted on the patient's chart, along with services rendered;
- e. Detention Center Medical staff will utilize the Pregnancy Flow Sheet to monitor the pregnancy, until appropriate routine OB care can be arranged;
- f. Pregnant inmates requiring specialized care will be referred to the appropriate provider;
- g. The Detention Center Administrator will be notified of the inmate's pregnancy and on-going treatment. Detention officer should be alerted of the inmates pending due date as to place the inmate under close observation.